MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND		
CITY (If outside corporate limits, write RURAL LENGTH OF SOR and give pearest town RURAL HAGERSTOWN 3 MO.	CITY (If outside corporate limits, write RURAL and OR HAGERSTOWN	d give nearest town)
90 STREET ADDRESS GATEWAY NURSING HOME	STREET (If rural give location) ADDRESS 819 CORBETT ST.	/
3. NAME OF DECEASED: (Type or Prlut) (Middle)	BAGENT 4. DATE (Month) (Dry) DEATH: July 3	(Year) 19 55
5. SEX: MALE S. COLOR OR WIDOWED, DIVORCED, (Specify): 8. D	9. AGE last birthday: If UNDER 1 YE 4/30/1877 78 yrs. Months Da	
10a. USUAL OCCUPATION Give kind of work done during most of working life, RETTREDITEDITEDITEDITEDITEDITEDITEDITEDITEDIT	SS OR 11. BIRTHPLACE (State or foreign country): 12. CRY MARYLAND 14. MOTHER'S MAIDEN NAME: UNKNOWN	UNITED OF WHAT OUNTRY?
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, or unk.) (If Yes, give war or dates of service) 214-09-8657	MRS. ELIZABETH BAGENT	STOWN MD.
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO (c)	cinoma) of Prostate	Interval Betweer Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	e e e e e e e e e e e e e e e e e e e	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT	TION	Yes No
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While in Not Work At Work At Work	HOW DID INJURY OCCUR?	TATE)
22. I hereby certify that I attended the deceased from alive on signature and that death occurred a (Degree or title). 23. BURIAL, CKEMATION, DATE THEREOF NAME OF CERTIFICATION OF CERTIFICATIO	at 10:30 A.M., from the causes and on the date s ADDRESS METERY OR GREMATORY 1. J.	stated above. TE SIGNED 4, 1955
	/ / / -	not.

Dy Bell 11E10. PO.1 E1.0 RECEDENT THE SECTION AND AND THE SECTION

BUREAU V. S.

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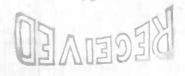
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George 15/25 Completioned

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BINDI	Suppl
FOR	INK.
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every
ARGIN	WITH
M	PLAINLY,
•	WRITE
	OR
10 - 53	TYPE
VS. A15 — 10 - 53	LEASE
VS.	D

MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18 ()7116
7150 Item 7, FileERTIFIC	ATE OF DEATH Reg. Dist. No. 36./
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND CITY (If outside corporate limits, write HURAL OR and give nearest town) TOWN Williamsport Md RFD - 68 y	OF STAY CITY(If outside corporate fimits, write RURAL and give nearest town
HOSPITAL OR PINESBURG STREET ADDRESS Williamsport Md RFD	STREET (If rural give location)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Theodore Snavely	Bear A. DATE (Month) (Day) (Year) OF DEATH: July /9 1955
Male White Widowed F	9. AGE iast birthday IF UNDER 1 VEAR IF UNDER 24 HRS 1
ioa. USUAL OCCUPATION (Give kind of work done during most of working iife, even if retired): Janitor Textile Mil	ls Pinesburg Md. COUNTRUSA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Weseley Bear	Catherine Null
(Yes, no. or unk.) (If Yes, give war or dates of service) (15-01-980	THESDALE
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	Every Haroutosi S Lumbia
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OP	PERATION 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, f. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, 21c. WHERE DID (City or town) (County) (State) fine bidg., etc.
OF INJURY (Day) (Year) (Hour) 21E INJURY OC While Not wat work at work	while ork
23. BURIAL, CREMATION, DATE THEREOF NAME OF	M. D. CEMETERY OF CREMATORY Control (City, town, or county) Pinesburg Md.
CATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 9-195-1	Albert L. Leaf Williamsport Md.



301 12 III.

BUREAU V. S.

. The	Dr. E.W. Ditto, Jr. CERTIFICATI		07117 No. 302
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1: 122
carefull legibly.	COUNTY Washington MARYLAND	STATE Maryland COUNTY Wash	nington
	CITY (If outside corporate limits, write RURAL or stay and give nearest town) Hagerstown CITY (If outside corporate limits, write RURAL (in this place) 30 min.	CITY(If outside corporate limits, write RURAL ar OR TOWN Hagerstown	
of information ath clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET (If rural give location) 520 Summit Ave.	1
inf	3. NAME OF (First) (Middle)		Ouy) (Year)
em of i	DECEASED: (Type or Print) HENRY CLIFTON BENI	NETT DEATH: July 2	25, 19 55
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed Aug.	20, 1887 9. AGE last birthday IF UNDER I YES	EAR IF UNDER 24 HRe. Rys Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Conductor W. Md. RR-Retired	11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	D. D. A.
	James L. Bennett	Ella Pope	
	10. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
NG INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) = = 1705-10-8248	James W. Bennett	
WITH UNFADING nt. Physicians: plea	STATING UNDERLYING CAUSE LAST.	ronny Sechusin	1/2 to
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
-	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY7
/RITE PL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
10	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
ge is	22. I hereby certify that I attended the deceased from >- 2	, 1955, to 7-25 , 1955, that I last	saw the deceased
TYPE rect a	alive on 7-27-48, 19 , and that death occurred at SIGNATURE A. DW SULLA M	M, from the causes and on the date s	stated above.
COL	23. BURIAL, CREMATION, DATE THEREO NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, of	county) (State
PLEA	Burial 7-28-55 Rest Haven		
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 281955 Shash Bowers	Andrew K. Coffman-Hagersto	ADDRESS

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1965 I 1955

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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OPPOPIEIO ATE OF DEATH

Item 8, Film G184 8-4-55 et CERTIFICAT	E OF DEATH Reg. Dist. No.	30/
I. PLACE OF DEATH- COUNTY LAShington CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give poarest town) TOWN HOSPITAL OR HOSPITAL OR INSTITUTION OR STREET ADDRESS/547. Autigan St	CITY (If outside corporate limits, write RURAL and give	FRANKLIN Co
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) VOHV 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	BELL DEATH July of	33 1855
male white WIDOWED, DIVORCED,		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRA. R.R. C. IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	CL. S. A.
Grnest Bet Z	Catherine Toetchel	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no r unknown) (If yes, give war or dates of service)	mrs arlington Hollar	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	ONSET AND DEATH
Immediate cause (a) Syonehogh	lemino	10days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	rosculor aleident	1940
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20/ AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from the Comments of the control of the contro	1, 1953, to 23 July 1953, that I last so	aw the deceased
slive on 1993, and that death occurred at	ADDRESS from the causes and on the date str	ated above.
Clevertand m.D. Willean	report, bud 23	July 1958
BUNNAL (Specify) JULY 26, 1935 (EDAR (RY OR CREMATORY LOCATION (City, town, or count CHAMBERS BURG,	PA (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK.—Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

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Supply every item of information carefully.

especially important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNFADING INK.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEDUITICATE OF DEATH

Dog	Diet	Ma	302
neg.	Dist.	No.	200

	OEKIILICA II	E OF DEAT	H Reg. Dist	. No. 302
1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEASE	D:
COUNTY Washington	MARYLAND	STATE Mame?	and county Washi	neton
CITY (If outside corporate limits, write Rior and give nearest town) TOWN Hagerstown		CITY(If outside co	proprate limits, write RURAL a	and give nearest town)
HOSPITAL OR INSTITUTION OR Washington Co		STREET	(If rural give location) Virginia Ave	1
3. NAME OF (First) DECEASED: FREDERICK		(Last)	OF	Day) (Year)
(Type or Print) FREDERIOR 5. SEX: 6. COLOR OR 7. SINGLE,				.9 19 55
36-7 . TARAGE: WIDOWE	D DIVORCED	er 29, 1865	of yrs. 6	20 Hours Min.
	KIND OF BUSINESS OR INDUSTRY:		m, Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:	02.07 02 110502000	14. MOTHER'S MAI		
Conrad Bower		unk	mown	
(Xe). no, or unk.) (if Yes, give war or dates of service)	none	Mrs. Carl E.	ADDRESS: Long Hagerstown,	Maryland
	B. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
33/X IMMEDIATE CAUSE	EADING TO DEATH			ONSET AND DEATH
	UE TO		1 - 6 - 1	
CIVING DICE TO THE ADOVE CALLOR	UE TO	erebral hemor	rnage	10min
II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE	HE Fractured(c	closed)neck rt	femur	9d
A . T //	findings of operation ne		THE STATE OF THE	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING A CAUSE OF DEATH OF			City or town) (Count	
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED While Not while		AND CONTROL OF A PARTY OF THE P	
7-10-55 4:30P. M.	at work at work	fell on flo		
22. I hereby certify that I attended the	deceased from 7-10	, 195 , to 7.	19 1, 1955, that I last	saw the deceased
alive on 7-18 1955, and SUNATURE / Mello	DI I	8- A M, from the ADDRESS	causes and on the date	stated above.
23. BURIAL, CREMATION. DATE THEREOR REMOVAL (SPECIFY) 7/21/55	F NAME OF CEMETE Rose Hill Cen	ERY OR CREMATORY	LOCATION (City, town, or Hagerstown, Mar	Jounty) (State)
PATE REC'D BY LOCAL REGISTBAR'S		7.		

- 53 10 A15. V.S.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

7114

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

	11081 271311 110	*
1. PLACE OF DEATH- COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED WASHI	NGTON
OR gight GEROTOWN LENGTH OF STAY	OR HAGERSTOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 BELVIEW AVE.	STREET ADDRESS 315 BELVIEW AVE.	-/
3. NAME OF DECEASED (Type or Print) AMY ELIZABETH	BROOM 4. DATE (Month) OF JULY	(Day) (Year) 17 19 5
FEMALE WHITE TO SINGLE, WARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 52 yrs.	
done during most of working life, even if retired) STORE KEEPER 10b. KIND OF BUSINESS OR ATTRCRAFT CO.	MARYLAND	COUNTY OF WHAT
13. HUBERT NAMW. ROUTZAHN	MARY ALICE FIRESTONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY No. (17 es. n) G unknown) (17 yes, give war or dates of service) 214-09-3728	MR. LUTHER W. BROOM	MD.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) a cute corona	ry thrombosis	
giving rise to the above cause stating the underlying cause last	(sudden death)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING □ OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceifrom: natural causes, a accident , suicide , homicide , SIGNATURE (Degree antitle)	ased died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED 7. 18.55
23. BURLY, CREMATION DATE THEREOF ON NAME OF CENETE		Mar (Styte)
PATE REC'D BY LOCAL RECETBER'S SIGNATURE	W.J. Hanneal Gasers	ADDRESS

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DECEDAED

BUREAU V. S.

7115

Select 25,1955 Chast Bowers

Andrew K. Coffman Hagerstown &d

	Tog. Dist.	2101
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Washington MARYLAND	Maryland state county	100
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		nd give nearest town)
/12OR and give nearest town) (in this place)	OR	21/21
CTOWN Hagerstown 15 Hrs	TOWN Baltimore	3101.4
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	,
STREET ADDRESS Wash. County Hospital	842 Brøadhurst Road	/
3. NAME OF (First) (Middle)		(Year)
DECEASED: (Type or Print) FRANK JAY BIII.	TARD OF DEATH: July 24	19559
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
RACE: WIDOWED, DIVORCED,	Months D	ays Hours Min.
Male White Spwinower Sep		
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Salesman Bettred Stalfort Co.		USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.023
36 4 7 22 2	16 Th	
Massen A. Bullard	Mary Etta Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. no, or unk.) (If Yes, give war or dates of service) 218-09-6647	Frank Landrus Bullard	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1	∞ 1.	-01
IMMEDIATE CAUSE (A) CORONIC	esn (Codusion	44hro
DUE TO		7-7-
ANTECEDENT CAUSE (S)	vascular renal disease	1.3000
GIVING RISE TO THE ABOVE CAUSE	Tusallar Junal agoloca	_ 6 mo.
STATING UNDERLYING CAUSE LAST. DUE TO		
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO W
		Table Tabl
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while		
M.		
22. I hereby certify that I attended the deceased from 7//	J., 19 J, to 7. /24, 19 J, that I last	saw the deceased
	9:30 M, from the causes and on the date s	
alive on	ADDRESS DAT	E SIGNED
Phase + +1 & I mill		
	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
_REMOVAL (SPECIFY)		(State)
Burial 7/27/55 Rest Have	en Cemetery Hagerstown Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR	ADDRESS

A15 VS.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The



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BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07122 Reg. Dist.

No.

EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
COUNTY Wash	nington	MARYLAND	STATE Marvl	and county Washing	ton
CITY (If outside	corporate limits, write	e RURAL LENGTH OF STAY	CITY (If outside	corporate limits write RURAL and	
OR and give ne	arest town)	(In this place)		iamsport Md.	V
HOSPITAL OR		, , , , , , , , , , , , , , , , , , , ,	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRES		annery		E. Fredrick Stye	et '
3. NAME OF DECEASED:	(Firat)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print)	William	Edword	yers	DEATH July 27	1955
5. SEX: 6.	COLOR OR 7. S	SINGLE, MARRIED, 8. DATE		B. AGE last birthday: IF UNDER I Y Montha Da	
		WIDOWED, DIVORCED, Specify: Fire Price Apri		52 yrs. 3	9
10a. USUAL OCCUI	PATION (Give kind ing most of work li	of 10b. KIND OF BUSINESS O		(State or foreign country): 12.	COUNTRY?
S Deven de retreil	ishing Der		Williams	sport Md.	USA
13. FATHER'S NAM	E:		14. MOTHER'S MAI	DEN NAME:	
	John Byer	rs		Bessie Sterling	g
15. WAS DECEASED E	EVER IN U.S. ARMED FO	RCES ? 16. SOCIAL SECURITY No.:	17. INFORMANT & A	DDRESS: 24 E. Fredi	rick St.
(Yes, no, or unk.)	If Yes, give war or date ervice) NO	214-30-2056	Mrs. Willia		sport Md.
110	140			the site of the site of the site of	51751 0 2411
I. DISEASES OF CO	ONDITIONS DIRECT	LY LEADING TO DEATH:	AL CERTIFICATION		INTERVAL BETWEEN
420.1			lar Hypertens	ion	ONSET AND DEATH
Immediate c	ause (a)	***************************************			
Antogadant a	DUE '		nowy one lucio	n	10 min
Antecedent c	ditions, if any. (b).	***************************************	mary occ lusio		10 min
giving rise to t	the above cause DUE	TO			
stating underly	ing cause last (c)				
II. OTHER SIGNIFI	CANT CONDITIONS TH BUT NOT REL	CONTRIBUTING ATED TO THE			
DISEASE OR CO	ONDITION CAUSING	DEATH.			
19a. DATE OF OPE	ERATION: 19b. MAJ	OR FINDING OF OPERATION:			20. AUTOPSY2
no					Yes No
21a. EXTERNAL CAPRIMARY ☐ or CAUSE OF DEATH	USE WAS ONTRIBUTING	21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY	21c. (City or tow	(County)	(State)
21d. TIME (Month)	(Day) (Year) (Ho	ur) 21e. INJURY OCCURRED While at Not while	21f. HOW DID I	NJURY OCCUR?	
INJURY	vouc	M. work at work			/
22. I hereby cer	tify that I took o	charge of the remains descri	bed above, held ar	Autopsy [], Inspection	Inquiry [], and
	th resulted from	: Natural causes , Acci		□, Homicide □, Undeter	
SIGNATURE	00+	1.060	DEPU'	MEDICAL EXAMINER TY MEDICAL EXAMINER	DATE SIGNED
1	over!	mecs		TANT MEDICAL EXAM.	7129138
23. BURIAL, CREM REMOVAL (Spe		30-55 Greenlawn	RY OR CREMATORY Cemetery	Williamsport	
DATE REC'D BY		AR'S SIGNATURE.	24. FUNERAL DII	RECTOR	ADDRESS
REG. 10 -		Too My lead	Edith V.	Leaf Williamsport	Md.

VS. A15A - 5 - 53

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MARGIN RESERVED FOR BINDING

BUREAU V. E.

SS61 I 50V

07123 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No
--	---------	------------	-------------	----	-------	----

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Wash. Maryland	STATE Md. COUNTY Wash	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) Years	CITY (If outside corporate limits write RURAL and OR Hagerstown	give nearest town)
HOSPITAL OR ZINSTITUTION OR ZINSTREET ADDRESS Washington Co. Hospital	STREET (If rural, give location) ADDRESS 125 E. Washington	St.
3. NAME OF (First) (Middle)	nan 4. DATE (Month) (Day) OF DEATH July 2'	
male white widowed, Divorced, Apri		ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): student 10b. KIND OF BUSINESS OF INDUSTRY: School	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Thomas E. Canan	14. MOTHER'S MAIDEN NAME: Pauline B. Rands	211
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of no	17. INFORMANT & ADDRESS: Pauline B. Canan, Hagerstown	n, Md.
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Animodiate cause	all hemorrhage & shock	Onset and Death
Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No } \text{\text{\$\mathbb{M}}} \)
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc.	Hagerstown Wash.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work 1		
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes . Accisionature.	dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Inquiry [], an mined cause [] DATE SIGNED
REMOVAL (Specify): 7-30-55 Zion Memor		7.29.5
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Scott F. Minnich & Son, He	ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

BUREAU V. A.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7117

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place) 65 years	TOWN Hagerstown 03
HOSPITAL OR	STREET (If rural give location)
of street address 38 Wayside Ave.	38 Wayside Ave.
DECEM CORP.	(Last) 4. DATE (Month) (Day) (Year)
OECEASED: NELLIE CORDELIA CHRI	SSINGER OF July 7 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specify): Single Decem	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. Der 2, 1879 75 vrs. 7 1879 Min.
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. Washington County	Hagerstown, Maryland U.S.A.
etired Librarian Free Library	14. MOTHER'S MAIDEN NAME:
Martin Luther Chrissinger	Grace L. Snyder
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
of service) none	Miss. Mary Chrissinger Hagerstown, Marylan
18. MEDICAL CERTIFICAT	10N INTERVAL SETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (8)	Intestinal obstruction 4 mo.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Capcin Due to	ome of colon emo
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 10.54 Carciname of C	YES NO TO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	211. 11011 210 1100111 0000111
22. I hereby certify that I attended the deceased from No V.	23, 1954, to July 7, 1955, that I last saw the deceased
alive on 3 / 7 , 1955, and that death occurred at	/9:50 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED 7/7/5
Gland a. Hollman	- ALL N D-t of II
OR PUBLIAL ACREMATION MANTENEDEDE LINAME OF CEMETE	D. LIGHT . POTOMOLAS. H LLAPS town . M.
REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (SPECIFY) 7/9/55 Rose Hill	ERY OR CREMATORY LOCATION (City, town, or county) . (State

MARGIN

Supply every item of information carefully. The

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and information clearly death of evel BINDIN Supply FOR C MARGIN RESERVED ADIN UNE sician ITH 3 important. PLAINLY especia 国 WRIT .03 OR

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1. PLACE OF DEATH legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED Washington Md. Washington COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR TOWN TOWN Hagerstown Hagerstown HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS 235 Summit Ave.. 235 Summit Ave., STREET ADDRESS (First) NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF Clark essin (Type or Print) DEATH: 19 5 5. SEX 6. COLOR OR 7. SINGLE. MARRIED. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR timated 71 Months Days IF UNDER 24 HRS WIDOWED, DIVORCED Hours male (Specify):Widowed Unknown unknown yrs. IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? S.A. work done during most of working life, OR INDUSTRY: even if retired): laborer North Carolina himself 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME Pless Clark Unknown 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Jessie Clark Jr. Pulaski, Va. no none of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 YES 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUCE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while at work OF "INJURY 22. I hereby certify that I attended the deceased from June 155, to 7 1819, that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county) (State) DATE THEREOF Oakwood Cemetery Pulaski Va. burial 7 - 21 - 55DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS

Fred W. Kraiss

Hagerstown, Md.

JUL 21 1055

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7110

The

item of information carefully.

Supply every

MARGIN RESERVED FOR BINDING

1119	CERTIFICAT	E OF DEAT	H Reg. I	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY Washington	MARYLAND		d. COUNTY Wa	shington
CITY (If outside corporate limits, write F OR and give nearest town)	URAL LENGTH OF STAY	CITY(If outside c	orporate limits, write RUR	AL and give nearest town
O3TOWN Hagerstown	(in this place) I day	TOWN Ha	agerstown	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington	Co. Hospital	STREET ADDRESS	of N. Prospect S	/
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
OECEASED: Lee	Arthur	Crabtree	OF DEATH: 7	13 19 55
5. SEX: 16. COLOR OR 17. SINGLE.	MARRIED. 8. DATE	OF BIRTH: 9	. AGE last birthday IF UND	
male RACE: WIDOWE (Specify)	ed, Divorced. June :	18, 1907	48 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): guard	B. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircra:	ft Md.	State or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John R. Crabtree			D. Robinson	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST		17. INFORMANT &		
(Yes, no or unk.) (If Yes, give war or dates of service)	220-18-0447	Mrs. Mary Cra	abtree Hagersto	own, Md.
	8. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) Massico (B) DUE TO	Misenfer	ie Throwbo	vis 3 14 hores
	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE			
19A. DATE OF OPERATION: 19B. MAJOR		ON		20. AUTOPSY?
7-12-55	is abore			YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fa F INJURY atreet, office bldg	etory, 21c. WHERE DI		County) (State)
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRE While Not while at work at work			
22. I hereby certify that I attended the alive on 7 195%, and	e deceased from 7-1	0 1957, to 2-	1.3, 195., that I	last saw the decease
SIGNATURE /.) //		a Alliperes	~	ate stated above. DATE SIGNED
Refert. Cours	NAME OF CENT	TERY OR CREMATORY		
23. BURIAL, CRÉMATION, DATE THERECE PROVAL (SPECIFY) burial 7-16-55	Green Ri		Picardy	Md.
	SIGNATURE	24. FUNERAL DI		ADDRESS
REGISTRAYS, 1955 CHASI	Bowers		iss Hagerstown	

WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE OR VS. A15-



2561 81 JUL

BUREAU V. E.

(Year)

Hours

HAGERS TOWN, MD.

CITY (if outside corporate limits, write RURAL, LENGTH OF STAY

247 WEST SIDE AVENUE

SINGLE, MARRIED.

WIDOWED, DIVORCED, (Specify) DIVORCED

(Middle)

CATHERINE

1. PLACE OF DEATH

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

DATE REC'D BY LOCAL

STOWN

3. NAME OF

DECEASED:

(Type or Print)

COUNTY WASHINGTON

OR and give nearest town)

HAGERSTOWN

(First)

AUDREY

6. COLOR OR 17.

CERTIFICATE OF DEATH

(Last)

8. DATE OF BIRTH:

AUGUST

CRIST

TOWN

25, I889

24. FUNERAL DIRECTOR FRED W. KRAISS

STREET

ADDRESS

MARYLAND

			71
Reg.	Dist.	No.	30

(Day)

Days

COUNTY WASHINGTON

Months

CITYIIf outside corporate limits, write RURAL and give nearest town)

(If rural give location)

247 WEST SIDE AVENUE

DATE (Month)

9. AGE last birthdsy IF UNDER I YEAR

OF

DEATH:

2. USUAL RESIDENCE (HOME) OF DECEASED:

HAGERSTOWN

MARYLAND

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carefully.	legibly.
E TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	orrect age is especially important. Physicians: please write the causes of death clearly and legibly.
item of	of death
ly every	causes
K. Suppl	write the
DING IN	please
UNFA	ysicians
WITH,	ant. Ph
LAINLY,	imports
VRITE P	especially
R	. m
0	86 86
TYPE	rrect a
I	0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10USRWORA	OR INDUSTRY: OWN HOME	PENNA.	2. CITIZEN OF WHAT COUNTRY?
CHARLES HOWER	CALANTER III	UNKNOWN	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	LOST	A A SA	WEST SIDE ERSTOWN, MD.
I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE		ular hypertension	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	coronary rio sclerotic heart disease onary thrombosis	20 days
II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR	THE DEATH.		
	FINDINGS OF OPERATIO	N	20. AUTOPSY?
	18. PLACE (Home, farm, fac F INJURY street, office bldg.,		unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended t	d that death occurred at	M, from the causes and on the day ADDRESS D. 115 N. Potomac St-Hagersto ERY OR CREMATORY LOCATION (City, town, HAGERSTOWN	te stated above. OATE SIGNED Wn, Md 7-8-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH N. 200

MEDICAL EXAMINE	R'S CER			No. 300
1. PLACE OF DEATH:			CE (HOME) OF DECEASED:	
COUNTY Washington	MARYLAND		Va. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sharpsburg	(in this place)	OR	corporate limits write RURAL and lestown	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. View Cemete	ery	STREET ADDRESS 208	(If rural, give location) E. Washington St	
3. NAME OF (First) (M DECEASED:	liddle)	(Last)	4. DATE (Month) (Day)	(Year)
(Type or Print) Hayes Rohi	rback Cr	onise	DEATH July 13	1955
5. SEX: 6. COLOR OR 7. SINGLE, MA WIDOWED (Specify). 1.	ARRIED, 8. DAT	ch 5 1877	3. AGE last birthday: IF UNDER 1 Y Months Ba	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. Kind work done during most of work life, IN even if retired): Ret 1 dail Carr	IND OF BUSINESS ON DUSTRY:	Sharpsbu	(State or foreign country): 12.	COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAI		, ,
al buitus in F. Cron	ise	Harri	et soulette les 2	back
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Se	OCIAL SECURITY No.:	17. 1NFORMANT & A	DDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 2.3	6-03-0837	Mr. Robert	Cronise Birmingha	am, Mich.
		AL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	IG TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Gun shot	wound into sh	rull	about
Immediate cause (a) DUE TO		(.22 revolve		5 min.
Antecedent cause(s)				
Diseases or conditions, if any, (b)		,,,,,,		
Diseases or conditions, if any, (b)	TING THE			
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING THE			20. AUTOPSY? Yes □ No
Diseases or conditions, if any, (b)	TING THE NG OF OPERATION: C (Home, farm, factor, street, office bldg., etc	Sharpsb	n) (County) urg Washington	4.0
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 2ie. IN OF INJURY 7 - 13 - 5 MM. Whi	OTTING THE OG OF OPERATION: C (Home, farm, factor, street, office bldg., etc., y) JURY OCCURRED lie at Not while at work at work at work	Sharpsb 21f. How DID I Shot se	(County) urg Washington NJURY OCCUR? lf in rt. temporal r	Yes No
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN 21a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (Year	OTTING THE NG OF OPERATION: C (Home, farm, factor, street, office bldg., etc Y JURY OCCURRED ile at Not while at work the remains descri	Sharpsb 21f. How DID I Shot se	(County) urg Washington NJURY OCCUR? If in rt. temporal r	Yes□No (State) Md. egion Inquiry □, and
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN 21a. EXTERNAL CAUSE WAS PRIMARY of CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 - 3 - 5	OTTING THE NG OF OPERATION: C (Home, farm, factor, street, office bldg., etc Y JURY OCCURRED ile at Not while at work the remains descri	Sharpsb 21f. How DID I Shot se ibed above, held ar	(County) urg Washington NJURY OCCUR? If in rt. temporal r Autopsy □, Inspection □, Homicide □, Undeter	Yes No No (State) Md.
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN 21a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 2ie. IN OF INJURY 7 - 3 - 5 M. White Contribution of the contribu	OTTING THE NG OF OPERATION: C (Home, farm, factor, street, office bldg., etc Y JURY OCCURRED ile at Not while at work the remains descri	Sharpsb 21f. How DID I Shot se ibed above, held ar	(County) urg Washington NJURY OCCUR? If in rt. temporal r Autopsy □, Inspection □, Homicide □, Undeter	Yes No No (State) Md. egion Inquiry [], and mined cause []. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) III. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDIN 21a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 2ie. IN OF 1NJURY 7 - 3 - 5 / M. White work work work work work work work work	OTING THE OG OF OPERATION: C (Home, farm, factor, street, office bldg., etc Y SIJURY OCCURRED ile at Not while ik at work the remains describe remains describe at a causes the causes t	Sharpsb 21f. How DID I Shot se libed above, held ar ident CHIEF DEPU M. D. ASSIS	(County) urg Washington NJURY OCCUR? If in rt. temporal r Autopsy , Inspection D, MEDICAL EXAMINER TY MEDICAL EXAMINER TANT MEDICAL EXAMINER	Yes No No No (State) Md. region Inquiry , and mined cause . DATE SIGNED 7-15-55
Diseases or conditions, if any, giving rise to the above cause of the stating underlying cause last (c) III. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING 21a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 2ie. IN OF 1NJURY 7 - 3 - 5 / M. White work of the contribution of the contributi	UTING THE OG OF OPERATION: C (Home, farm, factor, street, office bldg., etc., and the street, office bldg., etc., and the remains describle causes [], Accident the remains describle causes [], Accident the control of the street, and the	Sharpsb 21f. How DID I Shot se ibed above, held ar ident [], Suicide CHIEF DEPU M. D. ASSIS RY OR CREMATORY Cenetery	(County) urg Washington NJURY OCCUR? If in rt. temporal r Autopsy , Inspection , M. Homicide , Undeter MEDICAL EXAMINER TY MEDICAL EXAMINER TANT MEDICAL EXAM. LOCATION (City, town, or co	Yes No No No (State) No N
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) III. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING PRIMARY CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING OF CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 2ie. IN White INJURY 7 - 3 - 5	UTING THE OG OF OPERATION: C (Home, farm, factor, street, office bldg., etc., and the street, office bldg., etc., and the remains describle causes [], Accident the remains describle causes [], Accident the control of the street, and the	Sharpsb 21f. How DID I Shot se ibed above, held ar ident , Suicide CHIEF DEPU M. D. ASSIS RY OR CREMATORY CONTROL OF THE PUBLISH SERVICE CONTROL 124 FUNERAL DID 124 FUNERAL DID 124 FUNERAL DID 125 FUNERAL DID 126 FUNERAL DID 127 FUNERAL DID 128 FUNERAL DID 128 FUNERAL DID 129 FUNERAL DID 120 FUNERAL DID 120 FUNERAL DID 120 FUNERAL DID 121 FUNERAL DID 123 FUNERAL DID 124 FUNERAL DID 125 FUNERAL DID 126 FUNERAL DID 127 FUNERAL DID 128 FUNERA	(County) urg Washington NJURY OCCUR? If in rt. temporal r Autopsy , Inspection , M. Homicide , Undeter MEDICAL EXAMINER TY MEDICAL EXAMINER TANT MEDICAL EXAM. LOCATION (City, town, or co	Yes No / (State) Md • Pegion Inquiry , a mined cause [DATE SIGNE] 7-15-55 unty) (State)

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

9501 IZ 7111

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

7154

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) X OR give nearest town) SHARPSBURG 5(in Hebia Rplace) HAGERSTOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS POTOMAC RIVER Nr. SHARPSBURG 703 FORREST DRIVE 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)_ DECEASED RAYMOND EDWARD CUSTER (Type or Print) DEATH 19 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs Months ! Days | Hours | Min. MAY 18, 1935 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY SHIRT FACTORY COUNTRY? U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM A. CUSTER RUTH M. SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 710K BEORRIOS MIDRIEVE (Yes, no, or unknown) | (If yes, give war or dates of 218-30-9032 WILLIAM A. CUSTER HAGERSTOWN . MD . 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Suffocation by Drowning Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg. etc.)
Y Potomac River Near Sharpsburg, Md Wash MD INJURY TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while Drowned while trying to swim to shore INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [4, Inquiry] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated obove, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. Degree or title CAL EXAMPDRESS SIGNATURE DATE SIGNED Hagerstown.Md. July 4155 WASH. CO., MD. 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county)
HAGERSTOWN, REMOVAL (Surgity) ROSE HTLL CUMETERY DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE ADDRESS HAGERSTOWN MD.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07130 7155

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY WASHUNGTON MARYLAND	STATE MARYLAND COUNTY VVASHINGTON	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest	town)
OR and give nearest town) (in this place)	OR TOWN	,
1 Jan Stories I I VENES	D00N5130120	
HOSPITAL OR 'INSTITUTION OR	STREET (If rural give location) ADDRESS	
STREET ADDRESS S. MAIN ST.	S. MAIN ST.	
	(Last) 4. DATE (Month) (Day) (Year	(-)
DECEASED:	OF	-
	OF BIRTH: 9, AGE last birthday F under 1 YEAR F under 2	
RACE: WIDOWED, DIVORCED.	Months Days House	Min.
MALE WHITE (Specify) MARRIED SEPT-	18-1875 79-10-12 yrs.	
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
RETIRED SUPERINTENDENT OF CEMETERY	FAIRPLAY WASH, CO. MID. U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
DAVID DAVIS	PRUDENCE CASTLE	
18. WAS DECEASED EVER IN U.S. ARMEO FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
100, of service) 212-24-5826	MRS. LOLA DAVIS BOONSBORD ME	
18. MEDICAL CERTIFICAT		TWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
451X		
IMMEDIATE CAUSE (A) Cladence	al acceptage I Themashage Rand	1
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. A010	
	YES N	N º
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		e)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D 21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	, 19 N, to lead 19 to that I last saw the dec	eased
alive on A.L. Zo , 19/7, and that death occurred at	500 M from the causes and on the date stated shove	
SIGNATURE	ADDRESS DATE SIGNED	
L1 1 12 1	8 1 6 1 6 .	
23 BURIAL CREMATION. DATE THEREOF NAME OF CEMET	A. D. TERY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or county)	
REMOVAL (SPECIFY) AUG. 2. 1955 BOONS BORG	DEMETERY BOONSBORD WASH. CO.	
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or county)	NP

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of death clearly and legibly.

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especially important. Physicians:

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correct age TYPE

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE REC'D BY

PLEASE

7121 CERTIFICATE	E OF DEATH Reg. Dist. No. 302
Neshington Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
OR and give nearest town) 3 TOWN Hagerstown CITY (If outside corporate limits, write RURAL (in this place) 48 yrs.	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 478 Mitchell Ave.	STREET (If rural give location) / ADDRESS 478 Mitchell Ave.
B. NAME OF (First) (Middle) (DECEASED: (Type or Print) Ernest DeFel:	(Last) 4. DATE (Month) (Day) (Year)
Male White Specify): Widowed 4/12/:	1876 9. AGE last birthday If UNDER 1 YEAR If UNDER 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer cement	Aquilano, Italy Italy Aquilano, Italy Italy
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Felippo DeFelice	Maria G. Pattela
Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Ralph Turner Hag. Md.
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO	enoma of Prostato 140 salasis to Bone
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
1A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., if either, notify medical examiner)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
F INJURY M. 21E INJURY OCCURRED While Not while at work	
SIGNATURE Robert Vh Camp bellen.	M, from the causes and on the date stated above. ADDRESS DATE SIGNED

NAME OF CEMETERY OR CREMATORY

Cemetery

24. FUNERAL DIRECTOR

Hagerstown, Md.

Scott F. Minnich & Son Hag. Md.

A15

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DECENTED

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CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND MARYLAND	STATE MARYLAND FREDERICK	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) (in this place)	TOWN MAID DIR TOWN 10X-2	
OS TOWN HAGERSTOWN 5 DAYS	STREET (If rural, give location)	1
NISTITUTION OR	ADDRESS	
STREET ADDRESS WASH, Co. HOSBITAL		<u></u>
3. NAME OF (First) (Middle)		ear)
(Type or Print) CHARLES EDWARD D	UBEL DEATH JULY - 22 - 19	55
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under. I year If under 2	4 hrs.
WIDOWED, DIVORCED,	MAY- 12 . 1878 77-2-10yrs. Months. Days Hours 1	Min.
MALE WHITE (Specify) WIDOWED 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT
done during most of working life, even if retired) INDUSTRY	Country?	
LABORER FARM	WOLFSVILLE FRED. CO. W. U.S.A.	
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME	
JACOB DUBEL	CHARLOTTE RENNER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	ALVEY DUBEL BOONSBORD MD. R.I.	
IS. MEDICAL CEI	RTIFICATION INTERVAL BETWOODS ONSET AND DE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NA E AM
561.0 Apteriosclemati	. Heart Disease !	
Immediate cause (a). [1]	1 Failupe + Pulpanapu Edens	
Antecedent cause(s)	c Heart Disease ?	
G		
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last a STRANGULATE &	Inquinal Hernia, Rt. 2 day	5.
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 1 20. AUTOPSY	7
July 20.1955 STRANGUlated Ing	wind Heavin Rt. Van V	D
	(CITY OR TOWN) (COUNTY) (STATE)	OP
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITT OR TOWN) (COUNTY) (STATE)	
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While		
	6 FF T 1 32 FF	
as I bearing contify that I stranged the decessed from VUI /	9, 1955, to July 22, 1955, that I last saw the deceas	ed
22. I hereby termiy that I attended the deceased north.		
	5 F. C. II was and on the data stated shows	
offe on July 22, 1955, and that death occurred at	5	ED
alive on July 22, 19 J., and that death occurred at		
SIGNATURE 1. 1945, and that death occurred at	Hogerstown, Md July 2:	3.55
Alive on July 22, 19 J., and that death occurred at	RY OR CREMATORY LOCATION (City, town, or county) /(State	355
affive on July 22, 19 1, and that death occurred at	RY OR CREMATORY LOCATION (City, town, or county) /(State	355
affive on JU 19 22, 19 15., and that death occurred at	HOGERATORY LOCATION (City, town, or county) / (State	355

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OR WRITE PLAINLY, WITH UNFADING INK.

7123 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY WAShington MARYLAND	STATE Md. COUNTY WAR	shin aten
CITY (If outside corporate limits, write RURAL COR and give nearest town) (in this place)		and give nearest towr
HOSPITAL OR INSTITUTION OR WAS himpten County Hespital	STREET (If rural give location ADDRESS 63 E. Antie from	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF DEATH: July	(Day) (Year) 9 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Work done during most of working life, even if retired): Retired OR INDUSTRY: FARMER	MERGAN Co. W. VB.	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John W. FEBRNOW	JANE HOVERMA	
Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. 2/4-/6-0342 F.	17. INFORMANT & ADDRESS: 63 E. A.	estern st.
18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332 X IMMEDIATE CAUSE (A)	riscular. Collapse	ONSET AND DEAT
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	establish I	2 weeks
STATING UNDERLYING CAUSE LAST. (C)	ripilans	yu.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTORSY) YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1955, to guy 9 , 1966, that I las	t saw the decease
alive on 195, and that death occurred at	M, from the causes, and on the date	
REMOVAL (SPECIFY) 7/12/55 REST HAVE	ERY OR CREMATORY LOCATION (City, town, of	
MATE REC'D BY LOCAL REGISZRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Williamsport, Md.

(155 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE M aryland COUNTY Wash	ington
CITY (If outside corporate limits, write RURAL CORPORATE	CITY(If outside corporate limits, write RURAL OR TOWN Sharpsburg	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street	STREET (If rural give location ADDRESS Main Stree	
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED: (Type or Print) Mary Kyle	Fisher OF DEATH: July	3. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday IF UNDER 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife At Home	Sharpsburg Md.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	ODA
Jacob Lakin	Amanda Porter	
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NONe	Edwin S. Fisher Sharpsbur	rg .Md.
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO	reinema of the gall bladder	2 years
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
2 Yrs. age / Ca. of gallbladder		YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ictory. 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6an alive on July 3, 19,55, and that death occurred at	1, 1953, to, 19.55 that I las t 11PM, from the causes and on the date	
SIGNATURE Shu and	ADDRESS DA Sharpsburg, Md. 7/5	TE SIGNED
	TERY OR CREMATORY LOCATION (City, town, of Cemetery Smarpsburg,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Edith V. Leaf William	address

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CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington COUNTY COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN (in this place) OR 43 E. Washington St 30 Yrs. Hagerstown Maryland. HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS 43. E. Washington St. Home 3. NAME OF (Middle) (Last) (Month) (Day) (Year) (First) DECEASED: OF Cora Mav Ford 19 55 (Type or Print) DEATH: S. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED. Months | Days Hours (Specify) : Bingle Dec.11.1889 12. CITIZEN OF 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): COUNTRY? INDUSTRY: work done during most of working life, even if retired) House Keeper House Keeper Bedford County Penna. U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: B.M Ford Elizabeth Leightv 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: | Ma. (Yes, no, or unk.) | (If Yes, give war or dates of service) No Mrs Ruth E Long 43 E. Washington St Hagerstown No None 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onest And Death thritis . Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No No 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) 100 HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While While at 0 INJURY At Work Work [, that I last saw the deceased 22. I hereby certify/that I attended the deceased from Afrom the causes and on the date stated above. alive on and that death occurred at SIGNATURE ADDRESS BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 7.15.55 Robinsville Cemetery Robinsville Penna. ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Hornbaker

BY LOCAL

CERTIFICATE OF DEATH

Reg. Dist. No. 302

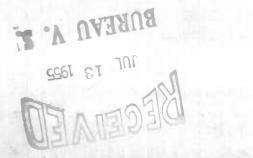
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DI. MOIMORRET CERTIFICATE	CF DEATH Reg. Dist. No. CUS
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington Maryland	STATE Maryland county Washington
CITY (If outside corporate limits, write RURAL on this place) TOWN Hagers town Agers town City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits, write RURAL (in this place) City (If outside corporate limits)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR	STREET (If rural give location)
%/STREET ADDRESS Washington Co. Hospital	217 North Mulberry St.
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) ANNA ELIZABETH GA	ABLE DEATH: July 8 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
Female White (Specify): Widowed sept.	25, 1885 69 yrs.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife OB. KIND OF BUSINESS OR INDUSTRY: OWN Home	Shippensburg, Penna. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman Schellhase	Rebecca Schellhase
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) - None	Mrs. Helen R. Oster
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0 Cun lun	1 thouselastes manificale libert I me
IMMEDIATE CAUSE (A)	C / C / C / C / C / C / C / C / C / C /
ANTECEDENT CAUSE (S)	s'
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	e throuboses, multiple about 1 me six-arterioselesshe heet dis ?10 yrs-
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from6/	1.3 , 1945, to 7-8 , 1957, that I last saw the deceased
alive on	A.M., from the causes and on the date stated above. ADDRESS DATE SIGNED OF THE STATE ST
John Home hopker M.	. D. Hockestows mas 7-8-15
REMOVAL (SPECIFY)	re Cemetery Chambershurs Penna.

24. FUNERAL DIRECTOR

Andrew K. Coffman-Hagerstown, Md.



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8-51

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 30 CERTIFICATE OF DEATH 7159

1. PLACE OF DEATH:	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Washington Maryland	STATE Maryla ndounty Washing	ton	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY			
OR and give nearest town) (in this place)	OR Yarrowsburg	¥	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location		
STREET ADDRESS Residence	ADDRESSOX 64, R.F.D.#1, Knox	ville, Md.	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	y) (Year)	
(Type or Print) MAURICE (None) H	ANES DEATH: July 13,	19 55	
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of 10b, KIND OF BUSINESS (2. CITIZEN OF WHAT	
work done during most of working life, INDUSTRY:		COUNTRY?	
evinifictiriciper Railroad Yard	Warren County, Virginia	USA	
Joshua A. Hanes 15. Was Deceased Ever In U.S. Armed Forces 7, 16. Social Security No.: I	Bertie Begley		
(and the state of the state of the state of	7. INFORMANT & ADDRESS: Mrs. Susie H		
No service) None 705-10-4190 B	ox 64, R.F.D.#1, Knoxville, I	Md.	
	CERTIFICATION	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	P	ONSET AND DEATH	
Immediate cause (a) (aronary	Celusion with Injury	4hrs	
DOE 10			
Antecedent cause(s) Diseases or conditions, if any, (b)	celusian & Selirosis	16 mo	
giving rise to the above cause DUE TO			
stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not			
related to the disease or condition causing death.	me Degmany	24.10	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	t, (CITY OR TOWN) (COUNTY)	Yes No (STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITI OK TOWN) (COUNTY)	(SIAIE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from.	19.54 to 7/13 19.55 that I last a	aw the deceased	
alive on	Am from the course and on the date	atatad above	
SIGNATURE () (DEGREE OR TIT	LE) ADDRESS	DATE SIGNED	
a. Sulvert Znice MIR	telderson Ma	7/13/55	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or co	ounty) (State)	
	Cemetery Brownsville.	Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
1. (1) 4-1955 No atherie Wagernar	A Norald Jackles Boli	var West Va	

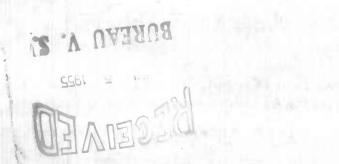
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VS. A15-10-53

	Compensed.	07139
	Du E Wald ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	FASher I wells, W.D. 7.3. SCERTIFICATE OF DEATH Dr. Hoffman Reg. Dist.	No. 302
ly.	1. PLACE OF DEATH: 7196 2. USUAL RESIDENCE (HOME) OF DECEASED	•
and legibly	COUNTY Washington MARYLAND STATE Maryland COUNTY Wash	ington
1 10	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL at (in this place) OR	nd give nearest town
ano	OJ TOWN Hagerstown 10 Days TOWN Hagerstown	03
clearly	HOSPITAL OR (If rural give location) STREET ADDRESS Washington Co. Hospital 16 West Side Ave.	/
िट		uy) (Year)
death	DECEASED: (Type or Print) HARRY ROWLAND HARBAUGH OF DEATH: July 1.	19 55
of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWELD, DIVORCED, Specify SW. (Specify) SW.	Ays Hours Min.
Ses	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	
causes	work done during most of working life. even if Cordsole Builder M. P. Moller Sabillasville, Md.	U.S.A.
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	U. U. A.
	Hiram Harbaugh Anna M. Williard	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
se v	(Yes, no, or unk.) (If Yes, give war or dates of service) — — 220-16-3431 Mrs. Elva Barnhill	
lease	18. MEDICAL CERTIFICATION 16 WEST SIDE AVE	INTERVAL BETWEEN
[d	450.0	ONSET AND DEAT
ns	IMMEDIATE CAUSE (A) Bronchophevmente.	29941
sicians	ANTECEDENT CAUSE (S)	
Physi	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DIE TO	7-1.
4	STATING UNDERLYING CAUSE LAST.	
important.	in other significant conditions contributing	7-1-
orts	DISEASE OR CONDITION CAUSING DEATH. Fracture Rt. hip.	11 days
du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bldg., etc. Injury occur? (County of Injury street)	(State)
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	
2	M. at work at work	
9	22. I hereby certify that I attended the deceased from the last 19.55, that I last	saw the decease
4	alive on JUNA 30, 1955, and that death occurred at (2:40 AM, from the causes and on the date s	tated above
ect	ADDRESS DAT	E SIGNED 7/2/5
correct	23. BURIAL CREMATION, DATE THREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, ton, or	county) (State
A P	REMOVAL (SPECIFY)	
7.7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAT July 5,195 Chas. H. Keners. Enndrew K. Coffnan-Hagersto	wn, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7159

CERTIFICATE OF DEATH

Reg. Dist. No. 306

	9 4 0 0			
ly.	1. PLACE OF DEATH:	2. USUAL RESI	DENCE (HOME) OF DECEASE	D:
and legibly	COUNTY Washington MARYLAND	STATE	md. county W	ash.
l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on dive nearest town) (in this place)	CITY(If outsid	e corporate iimits, write RURAL s	and give nearest town)
and	X Town Smithsburg 2 vrs	TOWN	Smithsburg	X
J.	HOSPITAL OR	STREET ADDRESS	(If rural give location)	1
ear	ODSTREET ADDRESS Maple Ave.	ADDITION	Maple Ave.	
J C		(Last)	4. DATE (Month)	Day) (Year)
death clearly		aynes	DEATH: July	
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, White (Specify): married April	7, 1911	9. AGE last birthday IF UNDER 1 1 Months I	Days Hours Min.
the causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer Tool Co.	11. BIRTHPLACE	(State or foreign country): 12.	CITIZEN OF WHAT
le c	13. FATHER'S NAME:	14. MOTHER'S	MAIDEN NAME:	
e th	David C. Haynes	Clar	a A. Poffenberge	r
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO.	17. INFORMANT		
please write	(Yes, no, or unk.) (If Yes, give war or dates yes of service) WWII 220-16-1492	Dorothy C	. Haynes, Smiths	burg, Md.
eas	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	-7 /	ONSET AND DEATH
00	IMMEDIATE CAUSE (A) ACUTE	Coronar	ry Occlusion	1-24X
ian	ANTECEDENT CAUSE (\$)			
ysic	DISEASES OR CONDITIONS, IF ANY. (B)			
Physicians:	STATING UNDERLYING CAUSE LAST. DUE TO			
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
important.	TO THE DEATH BUT NOT RELATED TO THE			
υdι	DISEASE OR CONDITION CAUSING DEATH	V		20. AUTOPSY?
				YES NO P
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCC	DID (City or town) (Coun	ty) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID	INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 8/5	, 19 7, to	7/24, 195, that I last	t saw the deceased
correct age	alive on 7/24, 1955, and that death occurred at signature	2.00 M, from ADDRE	the causes and on the date DA'	stated above. TE SIGNED/
22	REMOVAL (SPECIFY)	View Cem.	ROHTERSVILLE.	
	The second secon	1 24 FUNERAL	DIRECTOR Minnich & Son, S	ADDRESS
	7			

vs. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Miller

7127 CERTIFICATI	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. Maryland (Home) of Deceased:
COUNTY Washington MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town (in this place) TOWN Hagerstown 4 Mos	or town Hagerstown 03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor	STREET (If rural give location) / ADDRESS 719 Salem Ave
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MABEL ALICE HUE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 23 195519
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, June June	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, exp is will end of working life, or industry:	Winchester Va. USA 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
No Record	No Record
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Mrs Mary Clingan
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	onal Hamor Thage 6 month ralezed arterio-Aclessed?)
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	8 - 1 - 23
22. I hereby certify that I attended the deceased from alive on property of the signature o	M, from the causes and on the date stated above. ADDRESS HAGERSTOWN, MD. FERY OR CREMATORY LOCATION (City, town, or count) (State)
Willy 25, 1955 Collast, Towers	Andrew K. Coffman Hagerstown Md.

A15. VS.

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Carelonal Newsmy Hage lemenal carles and I all

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7129

M.L.Creager and Son Thurmont, Md.

0140	EKILLICALI	U OF DEAL	Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED:
SOUNTY Washington	MARKE AND	CT. TAY CO. T.	and country I	for a last short and
COUNTY Washington CITY (If outside corporate limits, write RU	MARYLAND	STATEMary]a	nd COUNTY V	Ashington AL and give nearest town)
OR and give nearest town)	(in this place)	OR	porace minus, write KON	AL and give hearest wwill
OBTOWN Hagerstown	l day	TOWN Smit	hsburg Md Ru	ral ×
HOSPITAL OR		STREET	(If rural give loca	tlon)
SI STREET ADDRESS Washington	County Hosp.	ADDRESS		<i>a</i>
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Tannia	W	Washes	OF Tan I a	- 1. 10 55
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED I 8 DATE	Kuhn OF BIRTH: 9.	AGE last birthday IF UND	
RACE: WIDOWED	D, DIVORCED,		Month	
Female White Widow	ed Dec.	22.1876	7% yrs.	
10A. USUAL OCCUPATION (Give kind of) 10B.	KIND OF BUSINESS	11. BIRTHPLACE (St	ate or foreign country):	12. CITIZEN OF WHAT
work done during most of working life.	OR INDUSTRY:	34 2 2		COUNTRY?
Höusewite	Own home	Maryland		USA
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
David Bowman		Wildrahet	h Warner	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates	in social secontiff no.			
No of service) No	None	Mrs.Kenneth	Willard H	lghfield.Md.
18	. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			ONSET AND DEATH
331 X	1	1 1/	/	
IMMEDIATE CAUSE	(A) Cerchra	1 Hemor	rhage	12 Days
DI	UE TO	, ,	0	
ANTECEDENT CAUSE (S)				
COMMING BLOS DO DOLLE ADDITE CALLES	(B)			
STATING UNDERLYING CAUSE LAST.	JE TO		A Section 1	
	(C)			
II OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELATED TO THE	HE			/ / / / / / /
DISEASE OR CONDITION CAUSING DEA				
19A. DATE OF OPERATION: 19B. MAJOR F	INDINGS OF OPERATION	N		20. AUTOPSY?
				YES NO 1
21a. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH OF	PLACE (Home, farm, fac INJURY street, office bldg.,		(City or town)	County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF "INJURY M.	While at work at work			
	1	1		
22. I hereby certify that I attended the	deceased from//	5, 19.35, to//	4, 1950, that I	last saw the deceased
-//	that death occurred at	1		
alive on, 1900, and SIGNATURE	that death occurred at	ADDRESS	10 A	DATE SIGNED /
1011 1 0 111	/		111	m 1 7/5/10
Charles In. Ne		I.D. Jane	Mishing	11/1/5/50
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, tow	n, or county)/ /(State)
Burial 7/6/55	United Bre	thenn Com	Diegent W	ller Week Co
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIF	Pleasant Va	TTTEY WASH, CO
BEGISTRAR 1954 15 140 1	SIGNATURE	24. FUNERAL DIR	LOTOR	ADDRESS Md.

VS.

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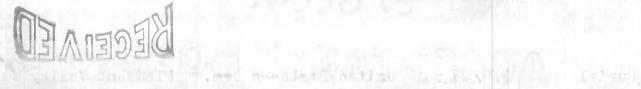
BATE REC'D BY LOCAL BECKETRAR, 1955

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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0160	CERTIFICAT	E OF DEATH R	eg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF E	
COUNTY Washington	MARYLAND	STATE Maryland COUNTY	Washington
CITY (If outside corporate limits, wr. OR and give nearest town) Hagerstown	tte RURAL LENGTH OF STAY 7 (in this place) 7 Years	CITY(If outside corporate limits, write OR TOWN Hagerstown	RURAL and give nearest tow
HOSPITAL OR Washing	ton Co. Hospital	STREET (If rural give ADDRESS 110 Allen AV	
3. NAME OF (First) DECEASED: (Type or Print) Gladys	(Middle) Teresa Lauri	(Last) 4. DATE (Mont OF DEATH: 7	(Day) (Year)
5. SEX: 6. COLOR OR 7. SINC RACE: WID Female White (Spec	GLE, MARRIED, 8. DATE OWED, DIVORCED, 3/11	OF BIRTH: 9. AGE last birthday	
OA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	or INDUSTRY: industrial mfg.	II. BIRTHPLACE (State or foreign count)	ry): 12. CITIZEN OF WHA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Joseph Foglietta		Mary DePaulos	
S. WAS DECEASED EVER IN U.S. ARMED FORCE (Y.S., no, or unk.) (If Yes, give war or da)		17. INFORMANT & ADDRESS:	
no of service)	011-01-9817	Frank Lauricella Ha	g. Md.
I DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWE
IMMEDIATE CAUSE ANTECEDENT CAUSE (5: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) (A. TP. II CILIA) DUE TO (B) DUE TO (C)	Ef crome Extention to his	Er & Months
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE	rule & cocce of leavy	
0	OR FINDINGS OF OPERATION		20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office bldg.	etcry. 21c. WHERE DID (City or town), etc. INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended alive on 15-55, 19, 19, SIGNATURE	and that death occurred at	430 A M, from the causes and on t	at I last saw the decease the date stated above. DATE SIGNED LICLUS 5 33
23. BURIAL, CREMATION. DATE THE REMOVAL (SPECIFY) BURIAL 7-6-5	REOF NAME OF CEMET		Mass.
REGISTRAR S, 1955 REGISTRA	ASHIJOWERD	Scott F. Minnich & So	ADDRESS

DEVIEW TO

BUREAU V. S.

VS. A15

MANAYA AND OR AREA DOWN A DOWN			07144
MARYLAND STATE DEPARTMEN		H—BALTIMORE, 18	5.1
7160 CERTIFICATI	E OF DEA	TH Reg. 1	Dist. No DO
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEASE):
county Washington MARYLAND	STATE Mary	land Washington c	OUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		e corporate limits, write RURA	
Aurai Eaucock Me.	TOWN Ru	ral Hancock Md.	X
IIOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS	(If rurni give loca	tion) /
3. NAME OF (First) (Middle) DECEASED:	(Last)		(Day) (Year)
(Type or Print) Roy James I	each Sr	OF DEATH: 7a S	
M RACE: WIDOWED, DIVORCED, (Specify) Married May 3	1895	9. AGE iast birthday: IF UNDE Months Yrs. 2	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	R 11. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
even if retired: Orchard Labor 13. FATHER'S NAME:	14. MOTHER'S MAIL	DEN NAME.	U.S.A.
	111		
Charles O Leach 15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17.	INFORMANT & ADI	orine Sirbaugh	
(Yes, no, or unk.) (If Yes, give war or dates of		ch Rural 1 Hancoc	1- 164
18. MEDICAL CERTIFICATI		CH RUIST I MANGOL	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		0.3	Interval Between
Immediate cause (a)	muc (M	yocarde	is zepis
Antesedent savged (c)	1 1	as Hm o	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause	1 Che af	as Im	
stating the underlying cause last. DUE TO			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY ?
			Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN	V) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased from Luk-	,1957, to,	, 19, that I l	ast saw the deceased
alive on, 19 and that death occurred at //	Ile 5 - from	the causes and on the d	ate stated above.
SIGNATURE Sym Job (Degree or title)	Apr	DRESS	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county (State)
REMOVAL (Specify) 7.10.55 Woodrow Ceme		Paw Paw W. V. A	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRE		ADDRESS
July 9 19 / 1 / Cl / Kelles	Houseld)	- Stoul pan	cael mol

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

No302 MEDICAL EXAMINER'S CERTIFICATE

I. PLACE OF DEATH: COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Washing to	n ,
	MARYLAND		
ClTY (If outside corporate limits, write RURAL OR and give nearest town)	(in this place)	OR	d give nearest town)
Ofrown Hagerstown		TOWN Hagerstown	03
HOSPITAL OR En Route to th	e	STREET (If rural, give location)	1
9 STREET ADDRESS Hospital		ADDRESS 900 Spruce St.	
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print) ERED MCC	LELLAN LOI	VG OF DEATH July 13	19559
5. SEX: 6. COLOR OR 7. SINGLE.	IARRIED. 8. DAT	E OF BIRTH: 9. AGE last birthday: IF UNDER I	
	dower Jany		
10a. USUAL OCCUPATION (Give kind of 10b. work done during most of work life,	KIND OF BUSINESS O	R II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Surerintendent Was. Coun	ty Home Reti	red Downsville Md.	USA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
McClellan Long		Agnes Line	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of		Palmh W I am	
No service) 2	17-18-7298	Ralph M. Long	100 on the street and
I. DISEASES OR CONDITIONS DIRECTLY LEAD		AL CERTIFICATION OU Spruce St Hage	TS town
422.	ING TO DEATH:		ONSET AND DEATH
Immediate cause (a)			
DUE TO	arterio	sclerotic myocardial heart	pro 1
Allecenent causers)			5 pre
Diseases or conditions, if any, (b)	***************************************	diserse	
stating underlying cause last	Lower ne	ephron-syndrome	48hrs.
II. OTHER SIGNIFICANT CONDITIONS CONTRIB	HITING		
TO THE DEATH BUT NOT RELATED TO	THE menta	llv Ill	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FIND			1
19a. DATE OF OPERATION: 19b. MAJOR FIND	ING OF OPERATION:		20. AUTOPSY? Yes \(\text{No } \text{D} \)
PRIMARY OF CONTRIBUTING OF INJU			(State)
	INJURY OCCURRED Thile at Not while ork T at work T	21f. HOW DID INJURY OCCUR?	/

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

WRITE PL SE PLEA A15A

SIGNATURE 23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF

find that death resulted from: Natural causes . Accident . Suicide . Homicide .

M. D.

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

LOCATION (City, town, or county) (State)

Undetermined cause [].

DATE SIGNED

ADDRESS

NAME OF CEMETERY OR CREMATORY 5/55 Cemetery DATE REC'D BY LOCAL

Andrew K. Cof man Harerstown Mc

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

BUREAU V. S.

9961 81 - IIIII

DELATED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	. Th	7131	CERTIFICATI	E OF DEA	TH Reg.	Dist. No. 302
9	carefully legibly.	1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECE	ASED:
	carefull legibly.	COUNTY Washington	MARYLAND	STATE Ma	ryland county	Wash
		CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY(If outside	corporate limits, write RUF	
	ion	OR and give nearest town) 13 TOWN Hagerstown	(in this place) 8 hours	OR	erstown	
	nati ly s	HOSPITAL OR	1 0 110011	STREET	(If rural give loca	ation)
and an	nforma	SISTREET ADDRESS Wash. Co. H	oenital	ADDRESS 55		
1 1	information clearly and	3. NAME OF (First)		(Last)	O Highland Way	(Day) (Year)
[318)	of	DECEASED: (Type or Print) Willie		Martin	OF	
		5. SEX: 6. COLOR OR 7. SINGLE	Edgar E. MARRIED, 8. DATE	OF BIRTH:	9. AGE last birthday IF und	
		Male White Specify	ved, Divorced. Septem	ber 19,1883	77 Month	hs Days Hours Mln.
	every	IOA. USUAL OCCUPATION (Give kind of 1	OB KIND OF BUSINESS		(State or foreign country):	
5		work done during most of working life. Reten. Storekeeper	OR INDUSTRY:			COUNTRY?
Ni C	pply the c	13 FATHER'S NAME:	W. M. R. R. Co.	Taneytown,	Maryland	U.S.A.
BINDIN		John A Montin			J. Bower	
	. St	John A. Martin 18. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT		
FOR	XX	(Yes, no, or unk.) (If Yes, give war or dates of service)	705-10-5675	Man II To	. 1/	
	G II	no ot service)	18. MEDICAL CERTIFICAT	MISS H. Jan	e Martin, Hagers	
VED	D old	1 DISEASES OR CONDITIONS DIRECTLY		1 1 1	1_1_	INTERVAL BETWEE
RV	[Q	420.1	Marson	link Am	hickory	14/2
RESER	FA	IMMEDIATE CAUSE	DUE TOTAL	my cory	The state of the s	04/175
RE	UN	ANTECEDENT CAUSE (S)	Chlone	Osterlis	alemain	111 -
Z	TH	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE	DUE TO	conceyed	TRUSCOS	Milmonous
153	TI.	STATING UNDERLYING CAUSE LAST.	(c)			87 Day (1989)
4	, W	II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
3	NLY	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING				
	NI		R FINDINGS OF OPERATION	N		20. AUTOPSY?
	LA ii					YES NO
	PL ally	21A. ACCIDENT WAS UNDERLYING 2	18. PLACE (Home, farm, fact	ory. 21c. WHERE	DID (City or town) (County) (State)
	/RITE especia	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office bldg.,	etc. INJURY OCCU	IR?	
1	VR.	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while	21F. HOW DID	INJURY OCCUR?	
	is is	М.	at work L at work L	11 7	1-11-1	
	0 0	22. I hereby certify that I attended t	the deceased from 199	(0, 19 , to	, 19 , that I	last saw the decease
53	(T) (S)	alive on 7/3/0, 1945 ar	d that death occurred at	130 M. from t	he causes and on the d	late stated above.
0	E TYPE	SIGNATURE	When "	ADDRES	s / not	DATE SIGNED
1	SE	29 cmo	person M	p. Meger	locon 1100	8/1/11
2	00 0	23. BURIAL CREMATION DATE THERE	V	THE OR CHEMATOR		
AI	LEA	Burial 8-3-1955		Church Cem.	Taneytown, M	and the state of t
ŝ	PL	DATE REC'D BY LOCAL REGISTRAR	S SIGNATURE	24. FUNERAL I		ADDRESS
-		and 5.1230 16 max	11, 200000	C. M. Suter	& Sons, Hagerst	own, Md.

BUREAU V. E.

NG 2 1822

DEAME

	e	MARYLAND STATE DEPARTMENT	r of health—baltimore, 18	07147
	7. The	7132 CERTIFICATE	COF DEATH Reg. Dist.	No. 302
	carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
	careful	COUNTY Washington MARYLAND	STATE M d. COUNTY WAS	hiveton
	ca i le	CITY (If outside corposate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
1000	zion	03 TOWN HAGERS FOUND	TOWN HOGERSTENH	03
M	m of information death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 DEVONShire Rd.	STREET (If rural give location) ADDRESS BEVEN Shine	= Rd
	of in ath c			Duy) (Year) 26 1955
	ite		OF BIRTH: 9. AGE iast birthday Months D	
DNG	r every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): from are	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
DI	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	Supply te the c	JOHN W. 11) = 14/1/15/ Ere	GEORGIONA WEAVER	
FOR I	K. wri	(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mrs, MEAILETER Hogers	stown, Md.
		18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEEN
RESERVED	ADING s: plea	CORON	ARY THROMBOSIS	ONSET AND DEATH
ER	A A	IMMEDIATE CAUSE (A)		
ES	UNF	ANTECEDENT CAUSE (S) DUE TO acute ver	ntricular fibrillation	
MARGIN B	WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OBDUE TO		
IRC	WI nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
MA	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	3	Noul		YES NO
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., of the contribution of	etc. NJURY OCCUR? (Count	(State)
	20	OF INJURY Soul M. 21E INJURY OCCURRED While Not while at work at work 21E INJURY OCCURRED While at work 21E INJURY OCCURRED While work 21E INJURY OCCURRED While at work 21E INJURY OCCURRED While at work 21E INJURY OCCURRED While WHILE WHILE WORK 21E INJURY OCCURRED WHILE	21F. HOW DID INJURY OCCUR?	
	O.F.	22. I hereby certify that I attended the deceased from	19, to	saw the deceased
20 - 01	SE TYPE	alive on		stated above. TE SIGNED 7. 26.55
1	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF THE METERS	RY OR CREMATORY LOCATION (City, town, or	
GIA	PLEAS	REMOVAL (SPECIFY) 7/29/55 Pest His	ever Cometony Horgen ston	in md.
ń >	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 9/955 6444 3000000000000000000000000000000000	24. FUNERAL DIRECTOR REST HONOR FUNGAN	Chapel Z

BUREAU V. 2

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115 — 10 - 53	EASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully
-1	SE
115	EA

Dr. B. B. Kneisley CERTIFICAT	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE MARYLAND COUNTY Washington CITY(If outside corporate limits, write RURAL and give nearest tow
OR and give nearest town) (in this place)	OR
HOSPITAL OR	STREET (If rurai give location)
Institution or street address Washington Co. Hospital	545 N. Mulberry St.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) CHARLES EARL MII	LER DEATH: July 9 19 55
Male White 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) Married May 2	9. AGE last birthday IF UNDER 1 YEAR HOURS Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH.
even if retired): Maintenance C&P Telephone	Fiddlersburg, Md. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph W. Miller	Anna B. Koontz
Jacob M. Miller 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no or unk.) (If Yes, give war or dates of service) = + 212-05-0845	Mrs. Minnie B. Miller
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
IMMEDIATE CAUSE (A) Carcinoma	of the Head of the Pancreas 4 month
	esis to the Liver
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	mmon Buot Obethulotion
April 8, 1955 Carcinoma of the Head	of the Pancreas;
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work at work	
22. I hereby certify that I attended the deceased from Marc	h 16055 tallly O 10 55 that I last saw the decree
alive on July 9 , 19 55 and that death occurred a	3: U5PM, from the causes and on the date stated above.
SIGNATURE STATE OF THE STATE OF	148 West Washington Street 9/11/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	ERY OR CREMATORY LOCATION (City, town, or county) (Sta
REMOVAL (SPECIFY)	
Data de la	
Burial 7-12-55 Rest Have	n Cemetery Hagerstown, Md.

DECENTED

2361 81 JUL

BUREAU V. S.

correct I. PLACE OF DEATH: carefully. The and legibly. WASHINGTON COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY carefully. OR and give nearest town WN HAGERSTOWN HOSPITAL OR INSTITUTION OR 713 SALEM clearly information 3. NAME OF GI HNN DECEASED: (Type or Print) death 5. SEX . S. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVURCED, MALE (Specify): of of 10a, USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, REFRIGERATION even if WEISDER 13. FATHER'S NAME: every CBJ MITCHELL JAMES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Supply write th 215-20-96231 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. 420.0 (a) Coronary thrombosis Immediate cause ADING Antecedent causes (s) Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying caose last. DUE TO UNF 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None HLI important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION None 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) especially INJURY OCCURED Not While INJURY At Work Work [PL 22. I hereby certify that I attended the deceased from Feb. 19.53, to July 3 ..., 19.55, that I last saw the deceased WRITE 30, 1955, and that death occurred at 4:45 PM., from the causes and on the date stated above. alive on June SIGNATURE (Degree or title) William Layman, M.D. Hagerstown, Maryland BURIAL, CREMON AL CREMATION. I PLEASE (Specify) ATE REC'D BY

LOCAL

" Crepyrean

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED ASHINGTON STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR HAGERSTOWN STREET (If rural give location) ADDRESS SALEM AVE. 4. DATE (Year) (Day) MITCHELL DEATH: 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours 6/12/1898 II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? WEST U.S.A. VIRGINIA 14. MOTHER'S MAIDEN NAME: ELLEN VIRGINIA LOWMAN 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: HAGERSTOWN MD. MRS. MARGUERITE MITCHELL Interval Between Onset And Death 30 minute (b) Arteriosclerotic heart disease (c) Hypertenisve cardiovascular renal disease 20. AUTOPSY ? Yes No. (CITY OR TOWN) (COUNTY) (STATE)

ATION (City, town,

HOW DID INJURY OCCUR?

Cem.

FUNERAL DIRECTOR

(DST100 APPRES essional



SCHOOL HERAN CRE VHAL Later Barrier . SHYLL .HYA MIJAS SAY .EVA SELISE NEW . HITTAN I To Y.IUL STILL LIA ATRIBUTY TERM COTTANIOTHER Tiggita PRIVICE ATRICES MALLE LAME STARL THE TOTAL STREET STREET STREET Sale Sale

BUREAU V. S.

9361 4 70r

Marie 16/55 fire high am 8 min to some

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

CERTIFICA	ATE OF DEATH Reg. Dist.	No. 500
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL of and give nearest town) TOWN Hagerstown		ington nd give nearest tow
HOSPITAL OR Prospect St. Hagersto 90 STREET ADDRESS Garlock Nurseing Home	WM STREET (If rural give location)	rg Md.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CARRIE IRENE	MUMMA OF July 3	
Female White (Specify): Single J		Bys Hours Mir
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home	Bharpsburg Md.	CITIZEN OF WHATCOUNTRY? USA
13. FATHER'S NAME: Samuel Munma	14. MOTHER'S MAIDEN NAME: Frances Reichard	
15. WAR DECEASED EVER IN U.S. ARMEO FORCES? 15. SOCIAL SECURITY P. (Yes, no, or unk.) (If Yes, give war or dates of service) NO	No. 17. INFORMANT & ADDRESS: Main St Miss Bertha Mumma Sharpst	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) Arte		5 Yrs
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	disease	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		-
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER	RATION	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (if either, notify medical examiner)	e bldg., etc. INJURY OCCUR?	y) (State)
OF INJURY OF INJURY	URRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on	red at4:30. A from the causes and on the date	stated above.
Burrial (specify) Aug. 2 1955 Numma (CEMETERY OR CREMATORY LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH

PLEASE

DATE REC'D BY LOCAL

Supply every item of information carefully.

BUREAU V. S.

Reg. Dist. No 303

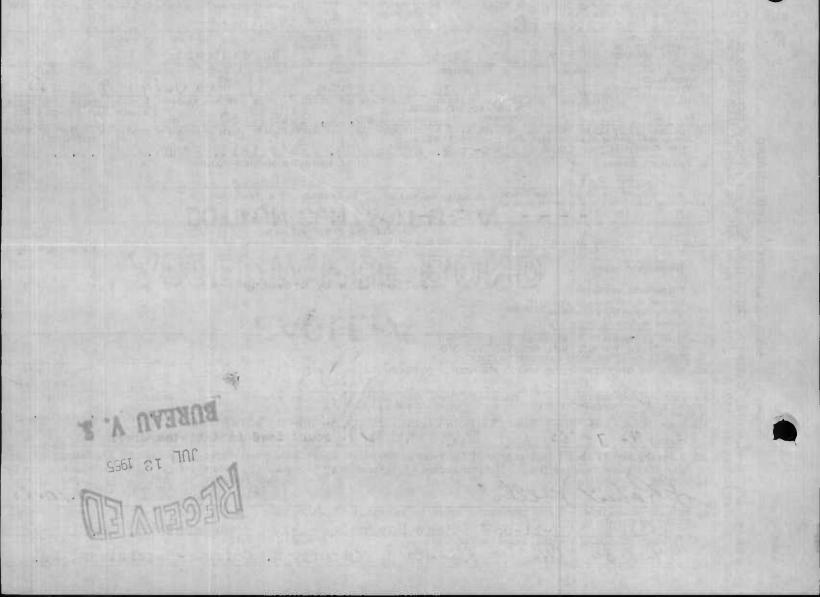
MARYLANI	D STATE DEPARTMEN	NT OF HEALTH—BALT	IMUKE, 18	
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATE	Ŧ

MEDICAL DIXIMITIBRE S CLIR	THE PERSON OF PRINTERS	2101		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Washington MARYLAND	STATE Maryland county Washin	gton		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown R#1	CITY (If outside corporate limits write RURAL and OR TOWN Hagers town	give nearest town)		
HOSPITAL OR INSTITUTION OR CITY Light Plant	STREET (If rural, give location) ADDRESS Hagerstown R # 1	/		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LLOYD FRANCIS PE	(Last) 4. DATE (Month) (Day) OF DEATH July 9	(Year) 19 55		
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widowald Feb.	OF BIRTH: 9. AGE last birthday: F UNDER Y VI. Norths Day	ys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) rects Awning - Hag. Awning	Co. Fairlield, Penna.	CITIZEN OF WHAT COUNTRY? S. A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Henry Peters	Mary Gease			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:			
NO service) 317-09-9731	Robert Peters			
	AL CERTIFICATION	INTERVAL BETWEEN		
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	ion by drowning	ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	Estate at the second	20. AUTOPSY Yes \(\text{No } \text{ No } \)		
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	' Antieatm Creek-Hag. Wash	(State)		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF Not while at work Found dead in Antietam Creek				
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes □, Accidental Company of the	dent Suicide [], Homicidc [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mincd cause 2 DATE SIGNED 7.10.55		
REMOVAL (Specify): 7-11-55 Rest Haven	Cemetery Hagerstown, Md			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS		
REG. 7-13. 55 Chas. H. Banues 4	Andrew K. Coffman-Hagersto	wn, Md.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

A15A - 5 - 53



MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	07153,
7162 CERTIFICATI	E OF DEATH Reg. Dist.	No. 7 0 10
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Pa, COUNTY Frank/	in 75x-3
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN RURAL—Smith bour 9 / Month	CITY (If outside corporate limits, write RURAL and OR TOWN RUVAL - Creencas	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	STIE
00 STREET ADDRESS RD 2- Smith burg	ADDRESS RDZ- Greenca.	stle 1
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day OF DEATH: + 44 4	-010
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		YEAR IF UNDER 24 HES
RACE: WIDOWED, DIVORCED, 7/2 (Specify):	6 1871 83 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work ione dufing most of working life, even if principal OVEV	Fair VIEW, Md.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	427.
John W. Rice	Barbara Boward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. (Yes, 10, 100 unk.) (If Yes, give war or dates of service)	Mrs. Raymond (Brdell Sm	thburg. M
	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Mule Dulm	Mary Edema	A descerto
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	millegiel Hemorrhade	lesoles
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS: (c) Sol	eposes (generalized)	13 420
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	COMMAND MONTHS	Yes No
SUICIDE OF office bldg., etc.) INJURY		STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from I	15. 193 5 to al 10. 1930 that I last sa	w the deceased
signature or time.		stated above.
May or otales and	7	DATE SIGNED
23. BORIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify);	1 - (2)	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Four Com. Cosey four	
REGuly D Jes It Terguson	11 10 5	ADDRESS
(1)		AG

DECENTED.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FUNERAL DIRECTOR

COUNTY

Days

Hours

COUNTRY?

HAGERSTOWN

MD.

Interval Between

Onset And Death

11 month

20. AUTOPSY ? Yes No

(STATE)

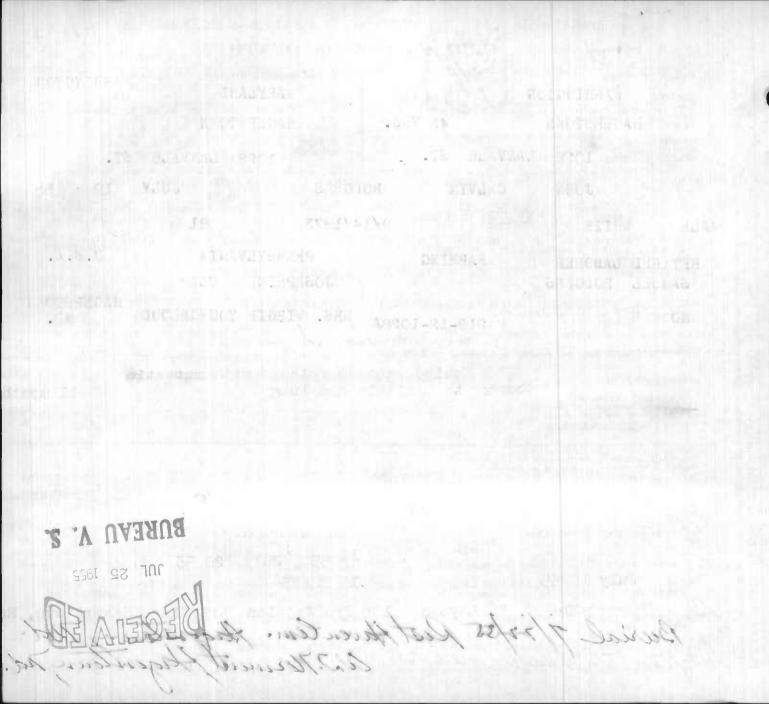
DATE SIGNED

ADDRESS

Hagers

PLEA

REC'D BY LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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- 6	- 35	4 1	2.6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS. A15-10-53

Vi

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington Maryland	STATE W. Va. COUNTY Berkeley
CITY (If outside corporate limits, write RURAL CORPORATE	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlows W. Va. RFD 85 x - 3
HOSPITAL OR INSTITUTION OR Williamsport Sanktarium	STREET (If rural give location) ADDRESS Falling Waters RFD
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 28 1955
RACE: WIDOWED DIVORCED	7 1872 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 82 yrs. 7 20 Hours Min.
Nursing 10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR INDUSTRY: Nursing Nursing	Marlowe W. Va RFD 12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Gibson Samsell	Prudence Baker
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. John Wesley Samsell Marlowe W. V
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	y Upenscarman Zovary 14.
TO THE DEATH BUT NOT RELATED TO THE	
19A. PATE OF OPERATION: 19B MAJOR FINDINGS OF OPERATION	N
23 Sept. 1954/ Lage tumor - Ole	one diagnoss
21A. AČCIDENT WAS UNDERLYING OF PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ttory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY	1 2000
alive on 27 way, 1975, and that death occurred at	4 1933, to 20 1953, that I last saw the deceased 4 25 M, from the causes and on the date stated above. ADDRESS 1. D. Willen 2007, M. 27 M. 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (SPECIFY) July 31-55 Riverview	Cemetery Williamsport Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 29-55 C X 00 M OUVLY	Albert L Leaf Williamsport Md.

BUREAU V. E.

PUG 1 1955

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md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7164

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	Reg. Dist.	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WAS WING TO IV MARYLAND		TYWASH
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL ar	nd give nearest town)
TOWN MAUGANS VILLE (in this place)	TOWNMAUGANS VILLE	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	/
90 STREET ADDRESS/WENNONITY HOME	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	,
5. SEX: S. COLOR OR 7. SINGLE, MARRIED 8. DATE	OF BIRTH: 9. AGE last birthday: If under I ve	
RACE: WIDOWED, DIVORCED, SUNE	F 2 K 1890 65 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, 10b. KIND OF BUSINESS OF INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHAT
even if retired): LABORER	PENN.	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	01.
CARISTIAN J'HANK	MARY JIKIKE	HANK
(Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
2/4-09-8/39	CHRISTIAN J SHAN	15
18. MEDICAL CERTIFICATI	ION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Cerelinal	aspenis cleme	15-km
Antecedent causes (s)		
Diseases or conditions, if any, giving rise to the above cause	slewing gereligh	253
stating the underlying cause last. DUE TO		0
(260X) (c) () Colex	Inelletina.	20 yr
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Promyofe	i agreeting lenge	15 7.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
91 ACCIDENCE (C. 16.) PLACE (V.	(CONTROL OF MORNIN) (CONTROL) (CONTROL)	Yes No
21. ACCIDENT (Specify) SUICIDE (Specify) IOMICIDE (PLACE (Home, farm, factory, street office bldg., etc.)	t, (CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/6	1955, to 7/14, 1957, that I last	saw the deceased
alive on	9 20 from the causes and on the date s	
) devan with the TIT MI 21	7 W. Washing Kon 14. 7	115/5-
25. RURIAL CREMATION, DATE THEREOF NAME OF CEMETE		unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS ACO
REGISTRARS 1955 LOUASH BOWERS	24. FUNERAL DIRECTOR	MU

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

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THE RESIDENCE OF THE PROPERTY OF THE PARTY O the state of the s THE MANGEMENT OF 20 41 4 2 2 4 2 1 4 1 W. MEMBERNANTE HOME 344 24 1881 65 - ANTRIM TOWN SHIP LEL CHRISTIAN CHANK MARY STRIKE LES 214-08-8129 CHRISTIAN J SHAND

BUREAU V. S.

SS61 81 701

OBAISO F.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			-71
Reg.	Dist.	No.	00

CERTIFICAT	E OF DEATH Reg. Dist. No. 70
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASEO:
county Washington MARYLAND	STATE Maryland county Washington
CITY (If outside corporate limits, write BURAL OR and give nearest town) Y TOWN WILLIAMS PORT Nd RF 2 years	
HOSPITAL OR INSTITUTION OR PINESburg	STREET (If rural give location) ADDRESS Pinesburg
3. NAME OF (First) (Middle) DECEASED: (Type or Print) DAVID DEMPSEY	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 22 19 55
Male White (Specify) Married Dec	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. Style if range): Comm. 10B. KIND OF BUSINESS OR INDUSTRY: West Va Roads	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIOEN NAME:
David Dempsey Sloss	Elizabeth Ann Reese
(Yes, no. or unk.) (If Yes, give war or dates of service) No.	17. INFORMANT & AOORESS incsburg Md. Mrs. Ola Sloss Williamsport RFD #2
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATEO TO THE OISEASE OR CONDITION CAUSING DEATH.	Lary Heroustosis Juliani
19a. DATE OF OPERATION: 198, MAJOR FINOINGS OF OPERATIO	ON 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (Clty or town) (County) (State)
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRE While at work M. 21E INJURY OCCURRE While at work	21F. HOW OID INJURY OCCUR?
SIGNATURE A Gome q	M. O. TERY OR CREMATORY LOCATION (City, town, or county) (State)
Durial / July 24/33 Oreentawn	24 FINERAL OFFICE

Edith

Leaf Wibliamsport Md.

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

BUREAU V. S.

70F 56 1955

BECEINEL

Dr. Jennings CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Wash	ington
CATTY (15 A-12 Limits DIDAL) 1 THEFT OF CTAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town 47 yrs.	or Town Hagerstown	0.3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1901 Virginia Ave.	STREET (If rural give location) ADDRESS 1901 Virginia AV	/
		Day) (Year)
DECEASED: (Type or Print) NORMAN JACOB SN	NOOK DEATH: July	7 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Months I	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
evReftired Poultry Dealer-Self Empl. 13. FATHER'S NAME:	Hagerstown, Maryland	U.S.A.
Otho Scott Snook 10. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Catherine Mundy	
(Yes, no, or unk.) (If Yes, give war or dates		
NO of service) None	Mrs. Virginia Snook	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
	T /	ONSET AND DEATH
IMMEDIATE CAUSE (Lielereoscle	rolec Heart Disease	14Ear
ANTECEDENT CAUSE (\$) DUE TO WITH Ch	vorce Congrature Failure	0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO	rolic Heart Disease voice Congrative Failure elevois, generalized	5 years.
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/16.	1954, to 7/7 1955, that I last	t saw the deceased
alive on 7/7 , 1955, and that death occurred at		
SIGNATURE		TE SIGNED
Here & Sunings	. Hagerstonn, Mo. July	,9.1955
REMOVAL (SPECIFY)	ERY OR CHEMATORY LOCATION (City hown	
Burial 7-10-55 Rose Hill		Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Andrew K. Coffman-Hagerst	ADDRESS
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- 11 AA

VS. A15 - 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFI	CA	THE STATE	OF	DEA	TH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	state Maryland county Washington
CITY (If outside corporate limits, write RURAL) LENGTH OF STA	
OR and give nearest town Md. (in this place)	TOWN Williamsport Md. X
HOSPITAL OR INSTITUTION OR Washington County Hospi	tal STREET (If rural give location) Potomac St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	REED DEATH: July 1 1955
Female White Widowed, Divorced, Aug.	9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. 14 1885 9 yrs. 10 16 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWITE HOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Charlton Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Martin	Sallie Potts
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 36 W. Totomac St.
(Yes, no, or unk.) (If Yes, give war or dates of service) NO NO	Mr. William G. Reed Williamsport Md
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Kerellas	V Hemopphage / Day
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	ON
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm,	actory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRI OF INJURY M. 21E INJURY OCCURRI While Not while at work at work	ED 21F, HOW DID INJURY OCCUR?
22. I hereby certify that attended the deceased from 6.	50 /, 1955, to 7/// 52 19, that I last saw the deceased
	at 7.307 M, from the causes and on the date stated above.
SIGNATURE COULT	(i: 11): a sol = at 1. d 7 13-100
	M. D.
DEMOVAL (CDECIEV)	ew Cemetery Williamsport Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
HEGISTRATE 1958 ISKANTKOWER	Edith V. Leaf Williamsport Md.

DECENTED

SS61 9 7M

BUREAU V. S.

BINDING

MARGIN RESERVED FOR

REMOVAL (SPECIFY)

DATE BEC'D BY LOCAL REGISTION 19.19.55

DATE THEREOF

REGISTRAR'S

55

SIGNATURE

MARYLAND STATE DEPARTMENT	Dr Brewer
7139 CERTIFICATE	C OF DEATH Reg. Dist. No. 02
1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: Washington STATE COUNTY
CITY (If outside corporate limits, write RURAL COR and give nearest town) TOWN Hagerstown Days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 3 R # 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET (If rural give location) ADDRESS Willsons
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) ARBARA COFFMAN SPESS	SARD 4. DATE (Month) (Day) (Year) OF DEATH: July 28 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. OCT	9 AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Hagerstown Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry I. Coffman	Anna Bostetter 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Keller L. Spessard
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) 18. MEDICAL CERTIFICATION (A) DUE TO	alic Cirrhoris 3 years
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (6)	
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	0 0
11 // 4:3	14 1955 to 195195 that I last saw the deceased 1389M, from the causes and on the date stated above. ADDRESS Sound MATE SIGNED 9 155

NAME OF CEMETERY OR CREMATORY

Cemetery

Andrew K.

LOCATION (City, town, or county)

Coffman Hagerstown Md.

etery Hagerstown

10 - 53A15

VS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

July .	4	4	1	١
17	8.	4	6	3
PK.	16	-	6	В

CERTIFICATE OF DEATH

Reg	Dist	No	300
neg.	DIST.	MO.	

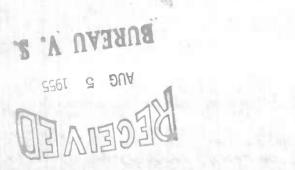
6 K T U		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY WAShington MARYLAND	STATE Md. COUNTY WAS	shing ton
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place of town of the grant	AY CITY(If outside corporate limits, write RURAL	
HOSPITAL OR INSTITUTION OR STREET ADDRESS WHE hington Co. Hospita.	STREET (If rural give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNA I	TO OF	Day) (Year) 30 1917
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED. DIVORCED. White (Specify): MARRIED 4	of the bit the	YEAR 1F UNDER 24 HRS. Days Hours Min.
work done during most of working life, even if retired): Housewife 108. KIND OF BUSINESS OR INDUSTRY:	DAYTON Ohio	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John MOORE	UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	Jay Stephey HAGENS	town md.
18. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Mesoth	eliona of Peritoneum	15 month
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bit of the control of the contro	factory, 21c. WHERE DID (City or town) (Counlidge, etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR OF INJURY M. 21E INJURY OCCUR While While at work	RED 21F. HOW DID INJURY OCCUR?	Britani Ed
22. I hereby certify that I attended the deceased from		
alive on	property and the second	stated above.
DEMOVAL CONTRACTOR	M. D. Hayes Lows &	county) (State)
Burini Auga, 1955-Rest Hm	ien Cometery Hagerstown	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15 — 10 - 55

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7168

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED):
Wash.	Md. Was	h.
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	STATE	-1 -1 -1 -1 -1
OR and give nearest town) (in this place)	OP	
X TOWN rural Hagerstown 9 years	Town rural Hagerstown	X
HOSPITAL OR DED #1.	STREET (If rural give location)	1
STREET ADDRESS RFD #4	RFD #4	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	
DECEASED.	OF.	Ony) (Year)
(Type of Frint)	DEATH: OULYL)	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT RAGE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
female white (Specify): widowed Octo	her 25, 1874 80 yrs. Months D	ays Hours Mln.
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired):		COUNTRY?
companionni nouse work	Hagerstown, Md.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Barbara E. Vale	ntino
William I. Reynolds	Darbara E. vale	Herite
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Ys, no, or unk.) (If Yes, give war or dates 218-30-9405	Walter Spessard, Smithsbu	rg, Md.
44 110		
18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
101		ONSE! AND DEATH
IMMEDIATE CAUSE (A) Ny perton	ser cardis muntal disease	mend
DUE TO / III		1
ANTECEDENT CAUSE (S)		//
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		/
STATING UNDERLYING CAUSE LAST.		
(C)//		/
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	how	
TO THE DEATH BUT NOT RELATED TO THE	None)	20. AUTOPSY1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	And on	20. AUTOPSY7
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		YES NO W
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	actory. 21c. WHERE DID (City or town) (Count	YES NO W
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRE	actory. 21c. WHERE DID (City or town) (Count r., etc. INJURY OCCUR?	YES NO W
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (Count r., etc. INJURY OCCUR?	YES NO W
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)	actory. 21c. WHERE DID (City or town) (Count R., etc. NJURY OCCUR?	YES NO (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office blds 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from	actory. 21c. WHERE DID (City or town) (Count K., etc., INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 7, 1907, to July 7, 1907, that I last	y) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office blds 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRENT While at work 22L. I hereby certify that I attended the deceased from the street of the str	actory. 21c. WHERE DID (City or town) (Count R., etc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? P, , 1903, to leaf of , 1905, that I last at 2:15 M/from the causes and on the date s	yes No (State) (State) saw the deceased stated above.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OF INJURY Street, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from Automatical Street, office blds 22. I hereby certify that I attended the deceased from Automatical Street, office blds 22. I hereby certify that I attended the deceased from Automatical Street, office blds 24. I hereby certify that I attended the deceased from Automatical Street, office blds 25. I hereby certify that I attended the deceased from Automatical Street, office blds 26. I hereby certify that I attended the deceased from Automatical Street, office blds 27. I hereby certify that I attended the deceased from Automatical Street, office blds 28. I hereby certify that I attended the deceased from Automatical Street, office blds 29. I hereby certify that I attended the deceased from Automatical Street, office blds 21. I hereby certify that I attended the deceased from Automatical Street, office blds 21. I hereby certify that I attended the deceased from Automatical Street, office blds 21. I hereby certify that I attended the deceased from Automatical Street, office blds 22. I hereby certify that I attended the deceased from Automatical Street, office blds 23. I hereby certify that I attended the deceased from Automatical Street, office blds 24. I hereby certify that I attended the deceased from Automatical Street, office blds 25. I hereby certify that I attended the deceased from Automatical Street, office blds 26. I hereby certify that I attended the deceased from Automatical Street, office blds 27. I hereby certify that I attended the deceased from Automatical Street, office blds 28. I hereby certify that I attended the deceased from Automatical Street, office blds 28. I hereby certify that I attended the deceased from Automatic	actory. 21c. WHERE DID (City or town) (Count R., etc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? P, , 1903, to leaf of , 1905, that I last at 2:15 M/from the causes and on the date s	y) (State)
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) Course While Not while at work at work 22. I hereby certify that I attended the deceased from alive on Tally 9, 1957, and that death occurred a SIGNATURE 23. BURIAL, CEMATION, DATE THEREOF NAME OF CEME	Actory. 21C. WHERE DID (City or town) (Count R., etc.) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 1907, to subject 1, 1907, that I last at 2/15 M from the causes and on the date subdry subject 1, 1907, town for the causes of the causes and on the date subdry subject 1, 1907, town for the causes of the causes and on the date subdry subject 1, 1907, town for the causes of the causes and on the date subdry subject 1, 1907, town for the causes of the causes and on the date subdry subject 1, 1907, town for the causes of the causes of the causes of the causes and on the date subject 1, 1907, the causes of the	yes No (State) (State) saw the deceased stated above. E SIGNED (L. 1955 county) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work 22. I hereby certify that I attended the deceased from alive on SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	actory. 21c. WHERE DID (City or town) (Count R., etc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? At 2:15 M from the causes and on the date of the count R. DAT	yes No (State) (State) saw the deceased stated above. E SIGNED (L. 1955 county) (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OF INJURY Street, office bldg OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While at work of work 21D. TIME (Month) (Day) (Year) (Hour) At work of work 22. I hereby certify that I attended the deceased from alive on the signature 23. BURIAL, CFEMATION. DATE THEREOF NAME OF CEME	actory. 21c. WHERE DID (City or town) (Count R., etc. INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? At 21/5 M from the causes and on the date of the count of the	yes No (State) (State) saw the deceased stated above. E SIGNED (L. 1955 county) (State)

MARGIN RESERVED FOR BINDING

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of information carefully.

Supply every

UNFADING INK.

PLAINLY, WITH

S. A15 — 10 - 53
PLEASE TYPE OR WRI

BUREAU V. R.

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DECENAED

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FOR BINDING

The

Supply every item of information carefully. of death clearly and legibly. please write the causes UNFADING INK. is especially important. Physicians: WITH PLAINLY, WRITE OR correct age TYPE

MARGIN RESERVED

10 - 53

A15

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PLEASE

OBITITION.	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wash. MARYLAND	STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL LENGTH OF ST	AY CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Hagerstown live	
HOSPITAL OR INSTITUTION OR Washington Co. Hospita	1 STREET (If rural give location) RFD #3
3. NAME OF (First) (Middle) DECEASED: LeRoy Hamilton	Stottlemyer 4. DATE (Month) (Day) (Year) OF DEATH: July 12 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. 8. OA NOV	TE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working life. even if retired: installer floor covering	Washington Co., Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Stottlemyer	Clara Gaver
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates no of service) 214-09-7445	Lula Stottlemyer, Hagerstown, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 120. IMMEDIATE CAUSE (A) DUE TO	the Carsise Facture 10 hrs.
ANTECEDENT CAUSE (S)	ete Comery Occuberon 12hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO	all John Die
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ary altery visions I month
TO THE GEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT	TON 20. AUTOPSY? YES NO
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl	factory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR! While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from LA	wit 24, 1955, to 12 July, 1955, that I last saw the deceased
alive on /1 200, 1955, and that death occurred	155
REMOVAL (SPECIEV)	N. O. COLLEGE AND COUNTY LOCATION (City, town, o' county) (State) Ven Cemetery Hagerstown, Md.
DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 3.1958 PSHARF SOWERS	Scott F. Minnie & Son, Hagerstown

BUREAU V. K.

THE PLANT IN THE PARTY OF THE P

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BECEINED

7167 CERTIFICATE OF DEATH Reg. Dist	No. 308
1. PLACE OF DEATHY 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WASHINGTON MARYLAND STATE MC COUNTY Work	ingfore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL and OR TOWN)	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BIG SPRINGS (If rural, give location ADDRESS BIG Shunge)	PHHI
3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Moth) (Date (Type or Print) 6/ENN VICTOR TOSTEN DEATH: Ouls 28	y) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER	
	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME:	_
	MA KUH/
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Brain abscess DUE TO	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	
H. OTHER SIGNIFICANT CONDITIONS:	since birth
Conditions contributing to the death but not related to the discase or condition causing death.	since birth
19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION:	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) OF office bldg., etc.)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while work at work 28 1946 1946	
22. I hereby certify that I attended the deceased from	saw the deceased
alive on July 27, 1955, and that death occurred at	DATE SIGNED July 29, 1955
23. BURIAL, CREMATON DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CKY, town, or c	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

8-51 VS. A15

MARGIN RESERVED FOR BINDING

BUREAU V. S.

VNC 8 1822

DECENTED

UNFADING INK.

WITH

PLAINLY,

WRITE

OR

PLEASE TYPE

correct age is especially important. Physicians:

please write the causes of death clearly and legibly.

The

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MARILAND STATE DEPARTMENT	I OF HEALTH—BALTIMURE, 18
CERTIFICATE CERTIFICATE	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
O3TOWN Hagerstown 23 years	TOWN Hagerstown 03
HOSPITAL OR	STREET (If rural give location)
Street ADDRESS 404 W. Washington St.	404 W. Washington St.
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Dny) (Year)
(Type or Print) Judson Sylanus Was	shburn DEATH: July 21 19 55
Male White Specify Widowed Apr. 2	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HAS. Wonths Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life. even for the property of the state	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
"Minister Religion	Waukon lowa
Calvin Washburn	Marry Dut I am
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes no, or unk.) (If Yes, give war or dates of service)	Mrs. Grace W. Tewalt Hag. Md.
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1420.0 IMMEDIATE CAUSE (A) Column	selvets Hent Time 1095
ANTECEDENT CAUSE (8' DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	and the same of th
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1951, to > 2/, 1953, that I last saw the deceased
SIGNATURE A SAL O. 15	M, from the causes and on the date stated above. APDRESS DATE SIGNED (5 3/15)

REMOVAL Burial (SPECIFY)

Hag.

25,1955 St. Pauls emetery Near Clearspring DATE REC'D BY LOCAL RECIPION OF THE PROPERTY O 24. ADDRESS Scott F. Minnich & Son

SECEIVE SO 1975

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je		MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 Dr Packer	07165
F		CERTIFICATE	OF DEATH Reg. Dist.	No. 302
为省	ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
ref	legibly.	county Washington MARYLAND	Maryland Washington	
83 1	d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
tior	and	Oftown Hagerstown 1 Week	TOWN Hagerstown	03
information carefully	clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESSWash. County Hospital	STREET (If rural give location) ADDRESS 1106 Oak Hill Ave	
I.E	h c]		(Last) 4. DATE (Month) (I	Day) (Year)
10	death	(Type or Print) ROBERT REMINGTON WHI	TACRE DEATH: July 3	0 1955
Supply every item of	of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Warried Marc	Months D	ays Hours Min.
every	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
oly		13. FATHER'S NAME:	Jefferson Co W. Va. U	ISA
ldn	e the	1. the will hitrepo	Annie Emory	
	write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
N.	9	(Yes, no, or unk.) (If Yes, give war or dates 325.12-1322	Maryand E. Whitacz	e
G	please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
NIC		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Dood.	ONSET AND DEATH
AI	ns	IMMEDIATE CAUSE (A)	many Occurren	10day
Z	icia	ANTECEDENT CAUSE (S)	100	
WITH UNFADING INK.	Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	My schools	
W		(C)		
	important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PLAINLY,		19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
WRITE		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
)R	52		21, 1955, to July 30, 1955, that I last	com the deceased
(H)	200			
PLEASE TYPE OR	correct	SIGNATURE CONTINUE CO	A 1.4	TE SIGNED
田田	COL		D. (450 Wash 190 gras	county) (State)
A		REMOVAL (SPECIFY) Burial 8/2/55 Ripe Dal	· Comity Martinsburg	Va.
PLI		DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Chief. 1955 Charth Lower	Andrew K. Coffman Hagerst	own Md.



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BECEIVED

carefully. The

Supply every item of information

MARGIN RESERVED FOR BINDING

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Andrew K. Coffman-Hagerstown, Md.

DERTHE	CA	THE	OF	DEA	THE

E,	18	07166	1
off	Dist	No 302	

CERT	IFICATE	OF DEATH	Reg. Di	st. No. 302	3
1. PLACE OF DEATH:	i	2. USUAL RESIDENCE	CE (HOME) OF DECEAS	ED:	
COUNTY Washington MAR	RYLAND	STATE Mary	land COUNTY Was	hington	
CITY (If outside corporate limits, write RURAL) LE	(in this place)		porate limits, write RURAL		t town
4 0 = 01101	34 hrs.		rstown	- 0	3
HOSPITAL OR		STREET	(If rural give locatio	n)	1
STREET ADDRESS Washington Co. H	Mospital	ADDRESS	Brenner Ave.		1.0
3. NAME OF (First) (Middle) DECEASED:	(1	Last)	4. DATE (Month)	(Day) (Yes	ar)
(Type or Print) Premature Baby Ra	ymond L.	Whorton	DEATH: July	12 19	55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED	CED 8. DATE	OF BIRTH: 9. A	AGE iast birthday Months	Days Hours	
Male White (Specify): Singl	e July	12.1955	yrs.	28	Min.
work done during most of working life, OR IND	USTRY:		te or foreign country): 12	COUNTRY	WHAT
even if retired): Infant None		Hagerstown	Maryland	U.S.A.	
Raymond L. Whorton	SECURITY No.	Josephine	Branchman		
(Yes, no, or unk.) (If Yes, give war or dates					
NO of service) Non	ie I	Raymond L. 1	norton		
ANTECEDENT CAUSE (S)	Prema	Turity 1	(wt.1'11")	28h	m
DISEASES OR CONDITIONS, IF ANY, (B)					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION			20. AUTO	PSY7
21A. ACCIDENT WAS UNDERLYING OF PLACE OF CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, facto street, office bldg.,	etc. 21c. WHERE DID	(City or town) (Cou	inty) (Sta	ate)
OF INJURY M. 21E INJURY M. 21E Work While at work	Not while at work	21F. HOW DID INJ	URY OCCUR?		
22. I hereby certify that I attended the decease	d from July 2	, 1957, to July	13, 1950, that I la	st saw the de	ceased
alive on July 13, 1955, and that dea	(/	ADDRESS	D	e stated above	e.
REMOVAL (SPECIFY)	MYE OF CEMETE	RY OR CHEMATORY	LOCATION (City, town,	or county)	(State)
		Cemetery		Md.	Time
DATE REC'D BY LOCAL REGISTRAR'S SIGNATU	JRE /	24. FUNERAL DIR	ECTOR	ADDRESS	

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BUREAU V. S.

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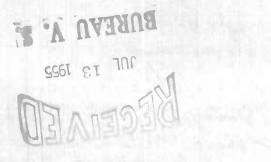
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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

	The second secon	
I. PLACE OF DEATH:	2. Waryland Washing	ton
COUNTY Washington MARYLAND	STATE COUNTY	0011
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	d give nearest town)
OR and give nearest town) OBTOWN Hagerstown 3 Weeks	TOWN Hagerstown	03
HOSPITAL OR	STREET (If rural give location)	1
8/street ADDRESS Wash. County Hospital	323 West Washingto	n St
	(Last) 4. DATE (Month) (Da	ay) (Year)
DECEASED: (Type or Print) OTIS RHEA WINGER	RD DEATH: July 1	1 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
Male White Specify, Specify Apr	13 1884 71 yrs. Months Da	ys Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
evMailnitehance Elksn Lodge		USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Benj Wingerd	Anna Zimmerman	
. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 214-14-6539	Mrs Edna S. Wingerd	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	^	ONSET AND DEATH
1/2.0./	(00/)	
IMMEDIATE CAUSE (A)	ary Janlision	- Wall
ANTECEDENT CAUSE (S)		P
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO	V	V
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work	0 11	
7/1	Her stutore	
22. I hereby certify that I attended the deceased from	5 15, to////JJ19, that I last	saw the deceased
alive on and that death occurred at	12/0AM, from the causes and on the date, st	tated above.
SIGNATUE	ADDRESS	ESIGNED /
M- I - (DOLLIL ON M	.D. (1/4 V): Q111 0000 /	100 7/1/53
23. BURIAL, CREMATION, OATE THEREOF MAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) / (State)
REMOVAL (SPECIFY)	The free of the same 11.3	
	Cenetery Hazerstown Md.	ADDRESS
REGISTRARY - 13 - 5 - Chao. A. Howers &	Andrew K. Coffman Hagerst	own Md.



24. FUNERAL DIRECTOR

Andrew K.

ADDRESS

Coffman Hagerstown

VS. A15 — 10 - 53

DATE REC'D BY LOCAL

BUREAU V. S.

1955 TUL 27 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24. FUNERAL DIRECTOR ADDRESS
Scott F. Minnich & Son, Hagerstown

CERT	IFICATE OF DEATH Rep	g. Dist. No. 302
1. PLACE OF DEATH: COUNTY Wash. MARY	2. USUAL RESIDENCE (HOME) OF DE	Wash.
CITY (If outside corporate limits, write RURAL LENOR and give nearest town)		URAL and give nearest tow
HOSPITAL OR Washington Co. I	Hospital STREET ADDRESS 26 N. Mulbe	location)
3. NAME OF (First) (Middle) DECEASED: Calvin Earl	Young 4. DATE (Month OF DEATH:	(Day) (Year) July 28 19 55
male 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCE (Specify): Widowe	B. DATE OF BIRTH: 9. AGE last birthday IF	
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDU	BUSINESS 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHA
Vernon C. Young	14. MOTHER'S MAIDEN NAME: Annie Beachle	у
(Ves on or unk) (If Ver give wer or detect	0-9638 Mrs. Richard Logan, H	agerstown, Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO		INTERVAL BETWEE
IMMEDIATE CAUSE (A)	Coroudry heath disease	4 Kours
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Coroudry heath disease	2 who
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<u>G</u>	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY7
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (I OR CONTRIBUTING CAUSE OF DEATH OF INJURY at (IF EITHER, NOTIFY MEDICAL EXAMINER)	Home, farm, factory. treet, office bldg., etc. 21c. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY While at work	RY OCCURRED 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased	from 7-27, 19 JJ, to 7-28, 19 JJ, that	I last saw the decease
John H. Horebakat	h occurred at 2 A.M. from the causes and on the	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NA REMOVAL (SPECIFY) 7-30-55	M.D. Haven Cemetery Hagerston	

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

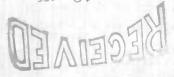
CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH: COUNTY Washington CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Hagerstown HOSPITAL OR INSTITUTION OR STREET ADDRESS SO Guilford Ave. 3. NAME OF DECASED: Type or Print) SEX: 6. COLOR OR 7. SINGLE. MARRIED. (Middle) CITY (Brural give location) TOWN HAGERSTOWN STREET (If rural give location) ADTERNATION (Day) (Year) OF DECASED: CITY (Type or Print) SEX: 6. COLOR OR 7. SINGLE. MARRIED. (Middle) White RACE: (WIDOWED, DIVORCED). (Specify): Single Willowed, Divorced or involved, Divorced or involved. (Single Wind of Work done during most of working life even if retired): Nurse 10A. USUAL OCCUPATION (Give kind of Working life even if retired): Nurse 11S. MAS DECASED EVER IN U.S. ARMED FORCES! (See INDUSTRY: 12S. WAS DECASED EVER IN U.S. ARMED FORCES! (See INDUSTRY: 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: MATY C. Zeller 15. WAS DECASED EVER IN U.S. ARMED FORCES! (See INDUSTRY: 16. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) OR and give nearest town) OR AND HASETSTOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS SO Guilford Ave. CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN HASETSTOWN ANAME OF OF INSTITUTION OR STREET ADDRESS SO Guilford Ave. STREET ADDRESS ANAME OF OF INSTITUTION (If rural give location) OF OF (Middle) (Last) OF OF (Month) OF OF (Month) OF DEATH: July 13, 19 55 SEX: OF O
CITY (If outside corporate limits, write RURAL of STAY on and give nearest town) TOWN Haserstown NOR TOWN Hasers
CITY (If outside corporate limits, write RURAL of STAY on and give nearest town) TOWN Haserstown NOR TOWN Hasers
HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 Guilford Ave. 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DECEASED: (Type or Print) EVA KATE ZELLER DEATH: July 13, 1955 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED. RACE: WIDOWED. DIVORCED. WIDOWED. DIVORCED. Single White (Specify) Single March 25,1878 77 yrs. Months Days Middle) White (Specify) Single March 25,1878 77 yrs. WIDOWER 24 HY HOUSE 24 HY HOUSE 24 HY HOUSE 24 HY HOUSE 25 HY HOUSE 25 HY HOUSE 26 HY HOUSE 26 HY HOUSE 26 HY HOUSE 27 HY HOUSE 27 HY HOUSE 27 HY HOUSE 28 H
HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 Guilford Ave. 3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) (Year) OF DEATH: July 13, 1955 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED. (Specify): Single March 25,1878 77 yrs. Months Days Hours Midows of working life, even if retired): Nurse Self-employed Hagerstown RFD 13. FATHER'S NAME: MARED FORCEST S. WAS DECEASED EVER IN U.S. ARMED FORCEST S. SOCIAL SECURITY NO. MATY A. Zeller 18. MEDICAL CERTIFICATION INTERVAL BETWEE
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) EVA KATE ZELLER DEATH: July 13, 1955 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): Single March 25, 1878 77 yrs. Months Days Hours Middle March 25, 1878 77 yrs. 10A. USUAL OCCUPATION (Give kind of working life. even if retired): Nurse Self-employed Hagerstown RFD 13. FATHER'S NAME: Bruce F. Zeller 15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service) W#1 Is. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION INTERVAL BETWEE
DECEASED: (Type or Print) EVA KATE SELLER OF DEATH: July 13, 1955 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify): Single March 25, 1878 Fenale White (Specify): Single March 25, 1878 10A. USUAL OCCUPATION (Give kind of working life, even if retired): Nurse OR INDUSTRY: EVA KATE ZELLER OF DEATH: July 13, 1955 B. DATE OF BIRTH: 9. AGE last birthday of life working life, or INDUSTRY: OR INDUSTRY: Hagerstown RFD 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Mary C. Zeller 15. WAS DECEASED EVER IN U.S. ARMED FDRCES: (Yes, no, or unk) (If Yes, give war or dates of service) WW#1 18. MEDICAL CERTIFICATION INTERVAL BETWEE
(Type or Print) EVA KATE ZELLER DEATH: July 13, 1955 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): Single March 25, 1878 77 yrs. Months Days Hours Mind Months Days Months Days Mind Months Days Mind Months Days Mont
Fenale White (Specify): Single March 25,1878 77 yrs. Months Days Hours Mi 10A. USUAL OCCUPATION (Give kind of working life, even if retired): Nurse Self-employed Hagerstown RFD 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Bruce F. Zeller 15. Was Deceased Even in U.S. Armed Forces? (Yes, no, or unk) (If Yes, give war or dates of service) WW#1 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION INTERVAL BETWEE
10A. USUAL OCCUPATION (Give kind of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHE COUNTRY? 13. FATHER'S NAME: Hagerstown RFD U.S.A. 14. MOTHER'S MAIDEN NAME: Mary C. Zeller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SDCIAL SECURITY NO. INFORMANT & ADDRESS: 16. Mary A. Zeller 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 19. Mary A. Zeller 19. Medical Certification INTERVAL BETWEEN 10. Medical Certification INTERVAL BETWEEN 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHE COUNTRY? 12. CITIZEN OF WHE COUNTRY? 12. CITIZEN OF WHE COUNTRY? 13. Medical Certification INTERVAL BETWEEN 14. MOTHER'S MAIDEN NAME: 15. Mary A. Zeller 16. Medical Certification 17. INFORMANT & ADDRESS: 18. Medical Certification 18. Medical Certification 19.
even if retired): Nurse Self-employed Hagerstown RFD U.S.A. 13. FATHER'S NAME: Bruce F. Zeller 15. Was Deceased Even In U.S. Armed Forces: (Yes, no, or unk) (If Yes, give war or dates of service) WW#1 18. MEDICAL CERTIFICATION INTERVAL BETWEE
13. FATHER'S NAME: Bruce F. Zeller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service) WW#1 IS. MEDICAL CERTIFICATION 14. MOTHER'S MAIDEN NAME: Mary C. Zeller 17. INFORMANT & ADDRESS: NONE 18. MEDICAL CERTIFICATION INTERVAL BETWEE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW#1 None None Nary A. Zeller 18. MEDICAL CERTIFICATION INTERVAL BETWEE
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18. MEDICAL CERTIFICATION INTERVAL BETWE
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STATING UNDERLYING CAUSE LAST.
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY
YES NO E
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work at work
22. I hereby certify that I attended the deceased from 9/20, 1931, to 7/13, 1955, that I last saw the decease
alive on
alive on
Robert Uhlampbell M.D. Hayenstown 7/15/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sta
DEMOVAL (CRECIEV)
REMOVAL (SPECIFY) 7-15-55 Solem E-R Cemetery Near Cearfogs Md
Burial 7-15-55 Salem E-R Cemetery Near Cearfoss, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 24. FUNERAL DIRECTOR ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS. A15-10-53

M



SS61 81 700

BUREAU V. S.